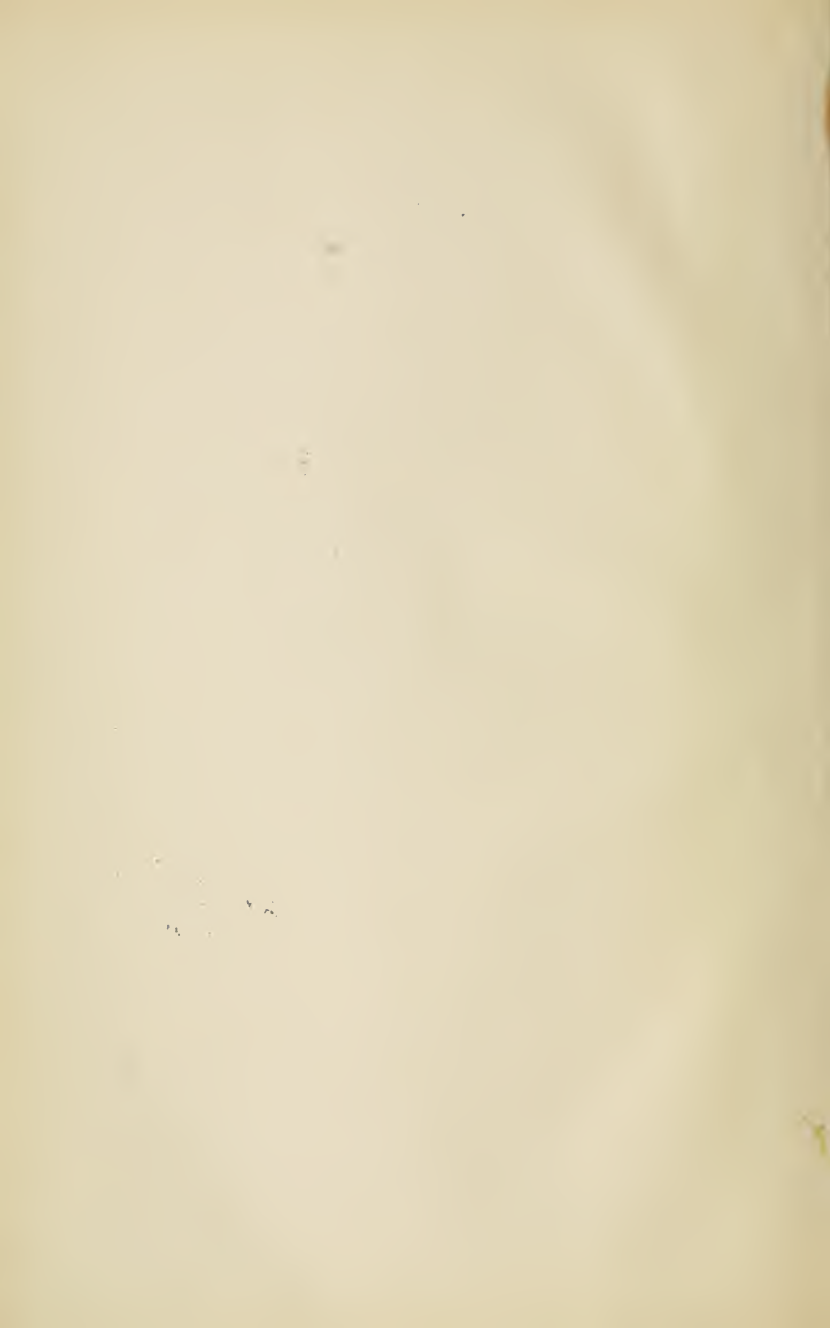








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Maritime Medical News

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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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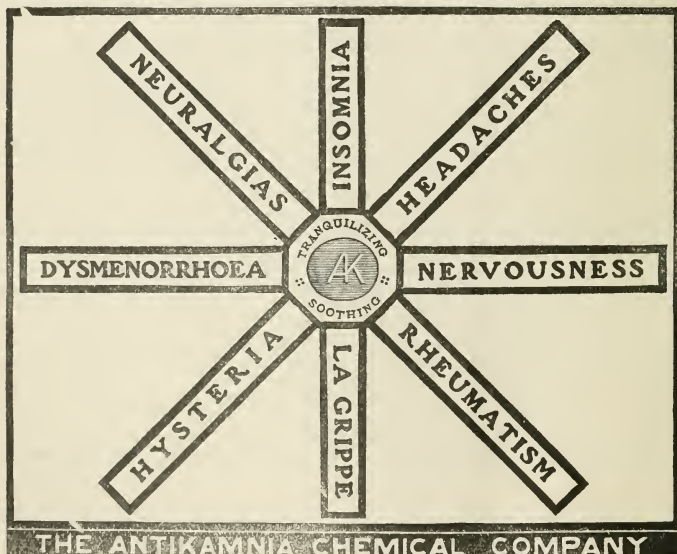
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Original Communications.

ELECTRO-THERAPY.*

By G. G. CORBET, M. D., St. John, N. B.

Mr. President and Gentlemen of the St John Medical Society :

I hope that you will bear with me for a short time this evening, while I endeavour to present to you for your consideration a form of treatment new and yet old to most of you. I will endeavor to treat our subject Electro-therapy as briefly as possible, and yet at same time as thoroughly as time will allow.

The discovery of Professor Roentgen is unique in that it interests alike the scientific and non-scientific intelligent minds of all countries. To the world of science new problems as to the constitution of matter and the innermost secrets of electricity are suggested, while to the race at large is opened up a new means of diagnosis and relief of suffering and disease in the field of surgery.

Before proceeding with our subject let us first consider the first principles, so that we can intelligently apply them to treatment of disease.

Volt equals the electrical pressure. This pressure is sometimes called tension or potential difference, or electro-motive force. It is about the electrical pressure given off from one cell of a Daniell's battery.

Ampere is the practical unit of rate of flow of electrical current.

Coulomb is the practical unit of electrical quantity.

Ohm is the unit of electrical resistance.

*Read before the St. John Medical Society.

Watt is the unit of electric power or rate of doing electrical work.

The capacity of a conductor is measured by the practical unit called *farad* which is such a capacity that one coulomb of electricity is required to produce in the conductor a pressure of one volt.

The farad is such a very large unit that for ordinary purposes we use the $\frac{1}{1,000,000}$ of a farad which we call the microfarad.

Induction may, in general, be said to be "that influence which one magnetized or electrified body or conductor may have upon another body or conductor when the two are not in actual contact." Energy is the power of doing work. It is present in some form throughout all nature. We cannot increase or diminish the total quantity of energy, we can only change its forms. There are three forms of energy, thermal, chemical and mechanical. Energy may be either potential or kinetic.

Sources of electricity may be classified under five general heads; animal, thermal, frictional, chemical and induced electricity. Do not make the mistake of thinking that there are different kinds of electricity. Electricity is always electricity whatever its source. The differences lie only in the varying effects produced by electricity generated in different ways.

Animal electricity cannot be used to produce X-rays.

Thermal electricity is produced when two unlike metals are joined at their ends and heat applied at one of the joints. The potential difference of such a thermo-couple is very small.

Frictional or static electricity. A charge of electricity produced by friction is peculiar, in that it resides exclusively on the surface of the body charged.

Chemical electricity can be divided into primary and secondary batteries. When two plates of different metals or one metal and non-metallic body (such as carbon) are placed in a liquid (called an electrolyte) and the two plates are connected together outside of the liquid, a current of electricity is generated. This combination of plates and electrolyte is known as a cell or primary (or galvanic) battery. A simple form is made by taking a plate of copper and one of zinc and immersing them partially in a solution of sulphuric acid and water. A battery may be made up of a number of these cells.

Induced electricity is produced when we move a loop or coil of wire towards or away from a magnet, or move the magnet towards or away from the loop or coil; momentary currents are induced in coil

of wire, and these momentary currents go in one direction and then in another. It is upon these principles that our dynamo-electric machines are built. We have alternating and continuous dynamos.

One of the most important pieces of apparatus generally used in production of X-ray is the induction coil. Other apparatus as static machines can be used in X-ray work, but the induction coil is by far the most satisfactory.

If a secondary coil is made to surround a primary coil which is connected to a battery or dynamo and a current is sent through the primary, then a momentary current is induced in the secondary also, that at the moment when the current in the primary ceases to flow, a momentary current is again set up in the secondary but in opposite direction. If we rapidly make and break the circuit through the primary we induce alternating currents in the secondary. X-ray work demands high potentials and small currents, so primary coil has only a few coils of coarse wire wound around it, while secondary has many miles.

The Crooke's tubes are glass tubes from which the air or gases have been extracted by proper pumps. This produces a vacuum. By a high vacuum we mean that about only one millionth part of air originally in the tube remains, as in Crooke's tubes. As low vacuum tubes we have Geissler tubes and incandescent electric lamps. In X-ray tubes (Crooke's tubes) we have two electrodes, anode and cathode. One is positive and one negative. There are many shapes of tubes. The electrodes are connected to your coil or static machine and then we will get the wonderful X-ray phenomena. Of the fluoroscope I need hardly say a word. It is simply a tube having at one end a pasteboard covered or coated with fine crystals of platino-cyanide of barium and at other end an eye piece through which we view shadows cast upon the fluorescent screen.

Matter is well known to exist in solid, liquid and gaseous forms, but we have another state of matter, the fourth or radiant state, as in Crooke's tubes, in which the molecules are relatively as far apart as compared with air as those of a gas are as compared to a liquid. Of the surgical value of the X-ray there can be no doubt. Conspicuous among the revelations of the X-ray's are those relating to normal anatomy. By its use the bones of the body may be studied and their exact relations to the surrounding structures made known, and we can get a correct idea of their relations in different positions of the body.

In pathological conditions of the bony structure we have a sure and safe guide to the exact condition of diseased part. By means of the X-rays we can detect and diagnose fractures and dislocations with a certainty ere we attempt to rectify them. We can also discover tubercular conditions of the bones. First we must know the condition of the normal bone, then we have a good guide to help us in reading the pathological condition present in disease. Reading a skiagraph to an expert is like reading a printed book to the ordinary man.

We can also discover cancer which, by destroying the bone structure, has varied its density.

The X-rays can be used in diagnosing the following diseases and many others: Stiff joints (ankylosis), fangs and roots of teeth firmly imbedded in their sockets and broken drills which have been lost can be found. Disease of central cavity of a tooth. Foreign objects in the body as bullets, etc. The soft tissues of the body will allow the locating of the principal organs, and any calculi in kidney can be seen.

The medico-legal aspect of surgical cases can be made to rebound to the surgeon's credit, if he knows the exact condition and has a skiagraph of before and after an operation, say of a fracture or a dislocation. The curative action of X-ray can not be too highly spoken of. I have seen rodent ulcers slowly heal; also carcinoma of the breast, fissure of rectum, etc., have disappeared under the intelligent use of these wonderful rays.

In tuberculosis of any part of the body, also carcinoma of the internal organs, a method in use by Dr. Morton of New York, a pioneer in this kind of work, is to my mind worthy of consideration. This procedure obviously means the illumination of the interior of tissues, as well as of the body as a whole, with light, that is to say, with that portion of the visible spectrum represented by the color of the particular fluorescence called into being, be this blue, violet or green. The catchword "liquid sunshine" has been humorously applied, and certainly it may be asserted that equivalents of portions of sunshine are, in this instance, artificially produced within the patient, and we may fairly argue that chemical and other effects are thus brought into very intimate internal relations with vital processes. This procedure involves:

- 1st. The safe introduction of solutions or mixtures, capable of exciting fluorescence or phosphorescence.

2nd. The employment of an agency, externally or internally, capable of exciting fluorescence in the introduced solutions, mixtures and substances.

The introduction of the fluorescible materials, solutions and medicines may be by the mouth, per rectum, hypodermically, by cataphoresis or by simple topical applications of washes and ointments. The agency for excitation is preferably radium, but the Roentgen radiation may be less preferably used in usual manner from outside. Solutions which may be used in this manner are fluorescein, resorcin, orcin, eosin, fraxin, uranin, rhodamin and petroleum jelly, salicin and quinine. By this method we have a chance to cure deep seated carcinoma and other diseases. You would use that substance that gives, when fluorescent, the color which is best suited for the disease, as red light for measles.

I hope that you will bear with me a little longer while I draw your attention more especially to medical and nervous conditions in which electricity will prove of benefit, as by static electricity.

The static modalities meet in a most complete and satisfactory manner for therapeutic treatment in inflammatory conditions not characterized by the presence of micro-organisms beneath the surface, or of some foreign or necrosed substance which cannot be promptly absorbed. The modalities of particular value in influencing these conditions are the wave current, the brush discharge, sparks and spray will produce the following effects :

1st. Normal functional activity is produced.

2nd. Stasis is promptly removed.

3rd. In acute cases the exudate which has accumulated is absorbed.

4th. In chronic cases fibrin and other products are separated by the vibratory action of the wave current.

5th. Healthy active metabolism is induced.

6th. If indolent or irritable ulcers are present we have anodyne, oxidizing and stimulating effects from brush discharges.

7th. Lowering of arterial tension.

8th. Contraction of arterioles in structures immediately beneath surface.

9th. Rubifacient effects.

10th. Relief of pain.

Germ life, like other forms of cell protoplasm, is but slightly affected by static forms of administration, except possibly those with which ozone may be brought in contact, and their vitality destroyed by oxidation. Ozone inhalations may be of some advantage in tuberculosis.

Rheumatism may be treated by static electricity with success. It will unlock the secretions and promote the elimination of accumulated products of defective metabolism. The modified wave currents or static induced current should be employed.

Gout may be relieved by the brush discharge.

Rheumatoid arthritis will be benefited by short sparks, ($\frac{1}{2}$ inch): prognosis fair.

Synovitis treated by wave currents, sparks and brush discharge: results fairly successful, depending on operator.

Painful neuroses of the nervous system, may be due to 1st, inflammatory conditions as neuritis; 2nd, arise from affections of central nervous system as tabes; 3rd, as a symptom of malnutrition or chronic poisoning; 4th, reflex causes and from depleted conditions, as neuralgias. Any nerve may become the site of neuritis. It occurs most commonly in the sciatic nerve.

Sciatica can be treated by wave current and sparks. Some operators claim good success, but personally I have seen just as good results, perhaps better, from other modes, of treatment, as rest, especially as when bandaged same as a fracture. I would not forget to try and use other remedies.

Brachial neuritis I believe can be best treated by sparks: prognosis good, better by this treatment than any other. A Southern physician was attending the Post Graduate Hospital when I was there, who had a very severe attack following measles. He was completely cured in two weeks by the spark treatment.

Locomotor ataxia may be relieved? Prognosis doubtful. Pain may yield to this form of treatment.

Neuralgia will rapidly yield, if at same time cause is removed. If due to malaria, cure the malaria with quinine and use static electricity in any form.

Paralysis. The prognosis will depend upon so many unknown conditions, that it should be guarded. If not of central origin it will be good. The treatment should be electrical, medical and surgical when needed.

Anterior poliomyelitis is best treated by wave currents: prognosis very favourable.

Bell's palsy is as a rule due to congestive condition. If treated by wave current and brush discharge, success will result.

Pathological muscular contractions if not over two years' standing: prognosis favorable.

Epilepsy, prognosis doubtful by this treatment alone, good when combined with other forms of treatment.

Chorea is favorably affected by static electricity, sparks excepted.

Skin affections of certain kinds can be benefited by wave current, brush discharge and high frequency (and X-rays.)

Psychical and functional neuroses; the prognosis is good especially combined with *suggestion*.

I will briefly enumerate some diseases benefited by different forms of electricity;

Sexual neurasthenia, prostatitis, constipation, insomnia, hypochondriasis, tuberculosis etc. I have covered the field of electro-therapy briefly, as best I could. It is comparatively a new field, the work as yet done is pioneer work. I have seen good results this summer from different forms of electro-therapy. While in New York, I had a good opportunity each day to watch the progress of different cases either to recovery or I am sorry to say, passed into the class of incurables.

In comparing the results of electro-therapy with other forms of treatment, medical, surgical and suggestive, I would say, try it. The percentage of cures compares favorably, when you remember that most cases are chronic cases which medicine and surgery have failed to cure; they are then as a last resort, passed over for electric treatment. Do not wait too long, try it early and your results will be good: delay till your case is incurable, then you need not expect it to do the miraculous, you need not expect a cure. This is a wide and new field. There is room for many investigators. It is on a sound and lasting basis, thanks to the pioneers, who withstood the sneers and chaff of their fellow practitioners, but they are to day reaping their reward. They are now recognized and their system of treatment also. This field is calling for workers, for more pioneer work, more investigators. Let us calmly investigate and hold fast to that which is true. Investigate.

PIONEERS OF MEDICINE IN NOVA SCOTIA. (*Concluded.*)

By D. A. CAMPBELL, M. D., Halifax, Nova Scotia.

Dr. Robert Tucker.

was appointed sheriff of Annapolis county in 1784, and he held this position until his death in 1790. There is record of R. Tucker, a physician of Wilmington, North Carolina, having his properties confiscated in 1779, and in 1781 the name of R. Tucker appears as surgeon of the King's American Regiment.

George Hinkle, M. D.,

came to Halifax at about 1793, with the 7th Regiment of Foot. A year or two later he was appointed Surgeon to the garrison of Annapolis. He remained at Annapolis for many years, and was engaged in general practice.

KING'S.

King's county has produced more medical men and has sent more doctors to Parliament, than any other county in Nova Scotia. The first practitioners in this part of the province have been already mentioned, viz., Drs. Samuel Willoughby and Edward Ellis.

Dr. Gurden Dennison,

probably a native of the Province. was elected to represent Horton in the House of Assembly in 1785 and again in 1791. I do not feel sure that he was a medical man, my only authority being Hamiltons "History of King's County."

William Baxter.

Roscoe, in his "History of King's County," says that Dr. William Baxter was born in 1753. He joined the British army in 1776 and came to Cornwallis at the close of the war. where he settled and engaged in practice. He had a diploma from a Medical College, and soon acquired the reputation of being a skillful practitioner.

He was noted for his wit and for his many eccentricities. Roscoe relates that a man named Jackson, an English settler, who had suffered from some of the Doctor's biting remarks, sought revenge in this way. One dark night he sent for Baxter in a great hurry. The roads were very bad, but the Doctor came. He was ushered into the

supposed sick room, where lo! a goose lay panting with her leg broken. The Doctor attended to the broken leg, and left the goose comfortable. When the cure was completed, a bill for eight dollars was sent to Jackson, and he could not evade payment.

To get square with Baxter, Jackson composed some verses hitting off many of the Doctor's peculiarities, and especially his fondness for the bottle. The first two verses ran as follows :

“ The Doctor is a tanner by trade,
I believe his name is Baxter,
He prescribes both physic and pills,
And makes them of men's bones and wax, sir.

He heals all their putrified sores,
And cures all their drunken consumptives.
At length he makes out a long bill
And takes for it a cartload of pumpkins.”

These verses were widely circulated and, it is said, greatly injured and annoyed the doctor.

Somewhat later a Doctor Walton settled in the same district. He was a young man and did not have a diploma or license of any kind, a circumstance not pleasing to Baxter. A neighbor asked Baxter if Walton was a good doctor. The reply was—“ He may be. A pig may whistle, but his mouth is not well formed for it.”

Dr. Baxter represented Cornwallis in the House of Assembly for some years. Roscoe says,—“ Dr. Baxter will be long remembered in Kings county. He was kind in the extreme, never denying anyone, poor or rich the relief which his skill could afford.”

Dr. R. Walton

commenced practice in Cornwallis about 1795. He acquired a good practice, was highly respected, and reached an advanced age.

Dr. Isaac Webster

was a lineal descendant, in the fifth generation, of Governor John Webster, the fifth governor of Connecticut. He was the son of Moses Webster, of Mansfield, Windham Co., Connecticut. He came to Nova Scotia in 1791 and settled at Kentville. He married Prudence

Bentley of Cornwallis in 1794. He died in 1851, at the age of 85. Roscoe says,—“He was a stern man and a skilful doctor.” Two of his sons studied medicine. Another became a lawyer.

W. B. Webster

Was born January 18th, 1798. He died April 4th, 1861. He practiced at Kentville, and was regarded to be one of the best surgeons in Nova Scotia at the time. He was also well versed in geology. For many years he was a member of the House of Assembly, and took a prominent part in promoting measures designed to advance the interests of the profession.

F. A. Webster

Was born in 1807. He died at Yarmouth, in 1879. He graduated at Edinburgh and Glasgow. He settled at Yarmouth in 1834.

John L. R. Webster,

Son of F. A. Webster,—1835-1885—practiced at Yarmouth. Charles A. Webster, son of John Webster, born 1864; practices at Yarmouth. Henry B. Webster, M. D., of Kentville, is a grandson of Isaac Webster. His father was a lawyer at Kentville. Dr. Arthur Webster, now practicing in the vicinity of Edinburgh, G. B., is a descendant of Isaac Webster.

HANTS.

I can find no record of any medical man in Hants County prior to the advent of the Loyalists, except Micheal Head, who practiced for about twenty years, or possibly longer, at Windsor, between 1776 and 1796. Dr. Joseph Prescott was at Windsor between 1791 and 1800. The constant presence of a Garrison surgeon at Windsor probably explains the scarcity of physicians in that town and in the adjoining districts of Newport and Falmouth.

John Boyd,

A Loyalist, who first came to Shelburne, was Garrison surgeon at Windsor from 1792 until 1817. His duties would be light, and he would have plenty of time to attend to the wants of the sick in and about Windsor. His son appears to have practiced in Windsor for a short time.

Samuel Dennison,

a retired Naval Surgeon, settled at Newport at about the beginning of the nineteenth century. He had an extensive practice, and was highly esteemed for his many excellent qualities. He seems to have been a very good surgeon. He read a paper on "Placenta Praevia" at the first meeting of the Medical Society of Nova Scotia. This is the first record we have of a paper on a strictly professional subject being presented at an assembly of medical men in Nova Scotia. Dr. Dennison died at about 1856.

Two of his sons became physicians, and also practised at Newport. They were Drs. William Dennison and James Dennison.

The district of East Hants was settled by Loyalists and disbanded soldiers, and there is no account of any medical men in this district before 1800.

CUMBERLAND.

Prior to 1784, settlement in this county was confined to the fertile territory about the isthmus of Chignecio. Here we found that Michael Head began his professional career in Nova Scotia, and that his successor was Dr. Parker Clark, whose memory is preserved in the "Courts of Justice."

The Loyalists settled in great numbers in different sections of the county.

Dr. Rufus Smith

came with the Loyalists in 1784, and deserves notice by reason of his connection with a prominent Halifax family. A native of New York, he settled as a physician in Westmoreland, and was several times elected a member of the New Brunswick House of Assembly. His daughter, Fannie, married Martin Gay Black (eldest son of Rev. William Black), and the father of Dr. Rufus Smith Black, so well-known in Halifax during the latter half of the 19th century.

Dr. Rufus Smith died in 1844.

Dr. Elijah Purdy

was the eldest son of Colonel Henry Purdy, a staunch Loyalist who came with his family to Cumberland and settled at Fort Lawrence.

Dr. Purdy settled in Amherst and was for many years the only physician in that locality. He died at about 1852.

COLCHESTER.

Dr. John Harris

Came to Truro in 1778, and died there in 1802. He has been referred to elsewhere.

Dr. Eaton

Came from New England to Onslow at about 1789, and practiced medicine for some years. He was skillful as a physician, and was noted for his gentlemanly bearing. He went to Boston either on business or for his health, and there he died. His widow died at the advanced age of 105.

Joseph Murray Upham,

Was a son of Judge Upham, a distinguished New Brunswick Loyalist. He came to Colchester at about the time that Dr. Eaton left. The date of his death is unknown. His descendants still live in Colchester.

David B. Lynds

Was born in Colchester in 1781. He studied medicine with Dr. Head, of Halifax. He spent a year, or perhaps a longer time, in Philadelphia, attending the University of Pennsylvania. Dr. Page says: "Dr. Lynds was celebrated as an accoucher, and in that branch was called "very lucky. He made no pretensions to skill as a surgeon, and indeed the results of his attempts at bone-setting would not indicate that he was at all brilliant in that department. He was a most expert phlebotomist. He was most persevering in his efforts to rid his patients of their "pesky fangs," though not always "lucky" enough to get the right tooth. Chloroform and ether were altogether unknown to him. He died on June 9th, 1871, in his ninetieth year, and probably did as little harm during his long life and practice as any physician who ever lived, and that is high praise. His only daughter was the first wife of Dr. Waddel, of Truro.

He amassed considerable wealth. His notes of lectures at the University of Pennsylvania were very carefully written, and were preserved in bound volumes. When his effects were sold, these notebooks were secured by the late Dr. D. H. Muir. It was said that in cases of fever, he rarely entered the sick room, and generally carried on the consultation through the most accessible window. For many years he was the only Baptist in Truro, and suffered, in consequence, petty persecutions from his Presbyterian neighbors.

PICTOU.

Dr. John Harris

was one of the first settlers of Pictou, and he remained there until 1778 when he removed to Truro. His practice must have been very limited. There is no record of any medical man settling in Pictou prior to 1800, except Dr. Harris

Drs. John Burton and James Skinner came to Pictou early in the last century.

Dr. John Burton

No information is extant beyond that he was a magistrate and a Militia Surgeon.

Dr. James Skinner

was a native of Scotland, a son of the Rev. Donald Skinner of Ardnachan. He came to Pictou probably soon after the year 1800. He was for many years active, not only as a physician, but in the public business of the county, being Clerk of the Peace, and Prothonotary. He died in 1836.

ANTIGONISH.

The County of Antigonish was settled mainly by disbanded soldiers and Scottish Highlanders, the latter predominating. There is no record of any medical man living among these settlers prior to 1800. At about 1804 a small group of settlers from New Hampshire came to Antigonish, at the instance of Jonathan Blanchard, of Truro, who

was, to some extent, entrusted with the disposal of Crown Lands. These settlers all had means. One of them, Benjamin Stearns, built the first frame house in the county. Another, Thomas Symonds engaged in business.

Benjamin Stearns.

Possessed considerable medical knowledge, and, during the six years which he spent in Antigonish his services were eagerly sought for by the settlers. Dr. Page says that he came to Truro at about 1810, and that he practised medicine in Colchester while able to do so. He died at the residence of his son, Henry, in Pictou. He lived, while in Truro, on Biblehill, and there raised a family of nine children. Many of his descendants live in Nova Scotia.

Alexander Macdonald, M. D.

Dr. Alexander Macdonald was the most notable of the pioneers of medicine in eastern Nova Scoti. He was born in 1784 on the Isle of Skye, and graduated at the University of Edinburgh in 1805. Prior to studying medicine he was an officer of the 42nd Highlanders (Black Watch). His brother was a captain in the same regiment, and was with Sir John Moore in his famous Spanish campaign. He was later engaged at Quatrebas, where only Captain John Campbell was unwounded.

Dr. Macdonald was never in actual service, for after joining the regiment as ensign in Edinburgh he broke his leg on parade, and the surgeon attending him said he never would be able to march, so he resigned and took up medicine with the intention of joining the service as a surgeon. Soon after graduation, through the influence of the Macdonald of Armadale, he was appointed surgeon aboard a ship coming to Charlottetown, P. E. I., with emigrants. Doctor Macdonald and a Colonel Rankin were the only cabin passengers. The master of the ship was an awfully brutal man, and he misused the highland emigrants in every way, and there was a perpetual row on between him and Dr. Macdonald in which Colonel Rankin took the part of the Highlanders and the Doctor. The captain again and again threatened the Doctor, saying, "Wait my young cock, you will not have your d---d Highlanders and Colonel Rankin with you going

back home," as the Dr. had no intention of staying in America. Dr. Macdonald had a bill of exchange when he landed of £150 and the conditions of the country were such that he could not actually cash it. At last a man named Bannerman, a fellow countryman, told the Doctor he could fix it all right for him, and it was handed over, and that was the last he ever saw of Bannerman or his money. He was afraid to return with the captain and was consequently at the end of his tether when he heard of the Rev. Alexander Macdonald, P. P., of Arisaig, N. S., whom he knew in Skye. He went to him, was treated as a brother, and remained in Antigonish for some time. He went to Jamaica and remained there three years. While in Jamaica he had a severe attack of fever in the delirium of which he tore up his diploma. He returned to Antigonish with the intention of going to Scotland, but fell in love and married Charlotte, the eldest daughter of Daniel Harrington, and never returned to his native land. In the early part of his practice he had many hardships to endure. It often happened that the roads, which were only bridle paths through the forest, were in winter so blocked up that he had to travel to distant parts of the country on snowshoes. Often too, he ran into great dangers, and he had many narrow escapes. One stormy night in winter he set out on horse-back to visit a patient at Cape George. Between the north and south lakes at Morristown the road, at that time, wound along the top of a cliff overhanging the sea, and, as the snow had been drifting, the road was so narrow that his path lay along the very brink of the precipice. Missing the track at this point, he and his horse were precipitated over the cliff, and fell a distance of sixty feet. The horse was killed, but the Doctor was only slightly hurt. The cliff over which he had fallen was a perpendicular wall, and, as the sea washed up to the foot of it, escape from the place seemed impossible. He walked along the shore until he found a place up which he was able to climb, and after wandering all night through the snow, arrived at a house at about daybreak.

When he came to the county there were scarcely more than a half dozen primitive bridges, and the danger in crossing streams was sometimes very great. On one occasion, going to Bayfield on the ice, he had a very narrow escape. The harbour ice was strong enough, but when he reached the bay ice a strong wind had sprung up from the westward, and it was beginning to move out to sea. By the

time that he was nearing the shore, the ice had fairly separated from the land, and it was by only a hair's breadth that he escaped being carried out into the bay.

His hardships were, perhaps, increased by his absentmindedness and his consequent neglect of comforts in travelling. Coming home from the Gulf Shore one cold winter's day he remarked to his wife on entering the house that one of his feet was quite warm, while the other was almost frozen. On pulling off his boots it was found that he had put both stockings on one foot, and left the other bare. This peculiarity of absentmindedness led to much practical joking at his expense. On one occasion, his friends, finding his horse ready saddled at his office door reversed the saddle and awaited results. Out came the Doctor, and without noticing what had been done, he mounted and rode away.

On another occasion, when he was leading his horse up the street, three friends thought it a good opportunity for a practical joke. Two of them walked beside him engaging him in conversation, while the third, slipping the bridle from the horse's head, led the animal into a yard. The doctor all unconscious, walked on until he reached his patient's house, which he entered after tying the bridle reins to a gate-post. On coming out he was surprised to find that his horse had slipped the bridle and gone off.

The Rev. Mr. Trotter, the Presbyterian minister, and a very clever man, often assisted the doctor. He had studied medicine at Edinburgh, before taking up theology. Dr. Macdonald died at about 1859. He was a man of high professional attainments and sterling character. His memory will long live in the county of Antigonish. The well known W. H. Macdonald, commonly known as Doctor "Bill," is a son, and Doctor W. Huntley Macdonald, the secretary of the Medical Society of Nova Scotia, a grandson of Alexander Macdonald.

Dr. Alexander Macdonald, in addition to his large practice, filled public positions. He was Justice of the Peace, Judge of the Inferior Court of Common Pleas, Prothonotary, Surgeon to the Militia, etc., etc.

GUYSBOROUGH.

Settlements in Guysborough were made by Loyalists and disbanded soldiers, and among them were at least two medical men.

Dr. Ludovic Joppe.

Dr. Joppe came to Guysborough in 1784 and received a grant of 250 acres of land on the shore of Chedabucto Bay. Mrs. Hart, in her history of Guysborough, when relating some incidents about the cemetery at Manchester, says: "Here also at a later date was laid to rest, the little old German, Dr. Ludovic Joppe. He was surgeon to the 60th regiment. Wonderful accounts of his skill in the healing art are yet told of him and of his pony "Lively" that so often carried him over the rough wood paths on his successful missions, by the older people. He lived at Clam Harbor and died at Thorn Hill. He probably practiced nearly forty years in the county.

Dr. J. F. Stickells,

Or Steichels, came to Guysborough with the first settlers. He built the old McColl house on the property now owned and occupied by W. H. Cunningham. It was he who had the picture of Rob. Roy McGregor painted on the wall of one of the rooms. His family were said to be notoriously extravagant, an incident having been cited where one of them wanting a duster used an expensive silk handkerchief for the purpose.

Dr. Inch

Followed Doctor Stickell's and married his daughter. When returning from the house of a friend late in the evening he was murdered. He practiced in Guysborough about twenty-five years.

Dr. Cassimire Meyer

Of Pownalborough, Maine, cannot be assigned to any county. Halifax may claim him, but a reference to the "Banks of the Sydney" would indicate that he may have lived somewhere in Guysborough or Antigonish counties. Sabine relates that he was at Halifax in 1779, and that while there he was accused of concealing deserters from the ships of war and that he was acquitted.

In 1781 he was at the British post at Penobscot. In 1789 he was again in Nova Scotia, where he had "built him a hut on the banks of the Sydney" and lived quite in the hermits style. It is said that he was the queerest of mortals. When he landed at Halifax in 1777, he marched along in all the pride of poverty and majesty of rags and patches which exhibited the various hues of the rainbow, while his broad, Dutch face, opened at the mouth from ear to ear. Over all, he wore a thread-bare scarlet cloak which had been brought from Germany nearly thirty years before.

In concluding this paper which embodies all the information I could glean respecting the pioneers of medicine in Nova Scotia, I must express my feeling of indebtedness for assistance to J. J. Stewart, Esq., President Forrest, Prof. Walter Murray, the late Senator Almon, J. S. Macdonald, Esq., Dr. Hibbert Woodbury, Rev. Dr. Willets, and Dr. Geo. E. Buckley of Guysborough.

ADDRESS OF WELCOME.

BY CLARK BELL, ESQ. LL. D., New York, Chairman Committee on Organization at opening of the American International Congress on Tuberculosis, Oct. 3, 1904, at St. Louis, and President of the Medico-Legal Society.

Ladies and Gentlemen, Officers and Members of the American International Congress on Tuberculosis, Delegates from Foreign Governments of the Western Hemisphere :

The opening of this Congress marks a new and important era in the history of the conflict with Tuberculosis and of this body, which was organized in the city of New York, in Feb. 1890, under the auspices of the Medico-Legal Society, on broad and enduring lines, and was the initial organized effort in this Western Hemisphere in that conflict with a disease that had then interested the attention of all Christendom.

The work then begun and carried on with so much energy and vigor as to enlist the co-operation and sympathy of all Governments of both the northern and southern continents of the western world, culminates to-day in an International Congress, held at the Universal Exposition, at St. Louis, summoned on the invitation of its officers sent by the Government of the United States of America, through its diplomatic corps, to every Government on both continents of North and South America, and within the waters and islands adjacent to them.

The aims and purposes of this Congress, the magnitude of its endeavor, could not be more beautifully expressed than in the splendid and sympathetic language used by the American Secretary of State, in his instructions to the American diplomatic corps, which he directed should be sent with those invitations by the American Ambassadors and Ministers.

"The Department is also advised by Mr. Clark Bell, Chairman of the Committee of Organization of the Congress, that the Executive Committee and Officers of the Congress have sent to the Government of each American Country an invitation for official representation by that Government, in the Congress; and the request is made of the Department to give such support to the invitation as it properly may.

"The humanitarian object which this Congress has in view to reach, by the discussion of scientific men, some result in arresting the spread and averting, so far as it may be found possible, the ravages of this dreadful disease which now falls with such terrible force and fatality upon the people of the Western Hemisphere, cannot but inlist the sympathy and approval of the Government to which you are accredited.

"The Department will, therefore, be pleased to have you say to that Government that this Government is in sympathy with the work of the proposed Congress, and would be pleased to learn that the Government of took a like interest in its success by the acceptance of the Committee's invitation and the appointment of three or more scientific gentlemen to represent it at the Congress."

The American Secretary of State went still further and directed the American representatives in foreign countries to say to the Foreign Governments thus invited :

"This Government would also be pleased if that of..... could find it convenient to comply with the request of the Committee to give the matter publicity in order that it may come to the knowledge of interested organizations and public spirited citizens of that country."

The honored name of John Hay, the American Secretary of State, who thus placed the American Government upon this elevated, this noble plane of paternal and sympathetic action in aid of the work of this body, will be long and deservedly remembered by those now suffering from the ravages of the dread disease and by the millions who are yet to fall into premature graves in the future. John Hay's name will live associated with the progress and the glory of our country, from the administration of Lincoln, who loved and trusted him, to that of the lamented McKinley, whose administration he adorned and no one stands higher than he in the affection and confidence of the President of the United States at this moment, or of the American people than he. He deserves the highest praise, gratitude and thanks from this body, which I know I voice from every member for the aid, encouragement and sympathy given our officers by the Department of State of the American Government, in insuring the splendid success that has crowned our labors.

Few will comprehend the effect upon the progress of the world's civilization of such unprecedented governmental active sympathetic action, as our organization has received at the hands of the American Government as it marshals its forces, which combines all the learned professions, the scientists, statesmen, legislators, and the intelligent laity, in this grand effort of devising the best means which human endeavor can hope to accomplish, by preventive legislation, in arrest-

ing the terrible destruction of human life from this one cause and of averting for the future this dreadful devastation with which the human race has been confronted in the past.

The first fruits of the governmental sympathy came from the Management of the Universal Exposition, which, on learning that our body had announced that its Congress would not only be held in 1904, but that it would be held in St. Louis, invited us to hold our meeting under its auspices and proposed to organize it as an International Congress under its auspices.

This invitation was accepted by our Management, and the President of the Universal Exposition appointed a Committee on Organization for that purpose and assured the members of that committee that every assistance and encouragement within the power of that body would be thrown to aid our endeavor.

It will be well to remember that this Universal Exposition had then already organized an International Medical Congress, to be held under its auspices, at St. Louis, at which it was expected that the medical aspects of Tuberculosis, its treatment, pathology and bacteriology would be discussed from medical standpoints, and that the Committee on Organization and all other committees and Foreign speakers had been, not only selected, but announced.

It is an open secret that this splendid work, so creditable to the medical profession, was frustrated and finally abandoned through the action of a few impracticable and dissatisfied medical men, and for which the Management of the Exposition were in no wise responsible.

It is also well known that by concerted action of those who were responsible for the overthrow of the efforts of the Exposition to have such a congress at St. Louis, and with such medical aid as they could control, it was determined by them that no Congress against Tuberculosis should be held at St. Louis in 1904, if they could in any way prevent it.

Both the Management of this body and that of the Universal Exposition well knew of this hostility when the Committee on Organization of this body was appointed.

The Committee on Organization of this body decided to ignore and disregard and overcome this hostility. They believed that the American people and the best men in the profession desired that a Congress should be held at the Universal Exposition at St. Louis.

That the exigences of the hour demanded it, and that no more fortunate selection could be made than St. Louis, where all the world was to meet at this Exposition, which was so splendidly sustained by the Government of the United States, as well as by its influence as by its financial aid.

The Management of the American International Congress on Tuberculosis congratulates the Management of the Universal Exposition on the magnificent success that has crowned its labors. I voice the unanimous sentiment of this Congress, its officers and members and of the Committee on Organization, which President Francis named when I assert that we are proud, that we have met under its auspices.

The Exposition, in which this Congress meets, is a monument to the energy, the industry and the grand and splendid capacity of its officers.

It has had no parallel or equal in any effort that has ever preceded it in the days of modern civilization, and I feel confident that this must be the judgment of every unbiased mind who has seen its wonderful exhibit.

In the name of this Congress I extend a hearty welcome to all the delegates from Foreign Governments, whose delegates are with us, to the still large number, whose hearts, voices and pens are in sympathy with us and now on our lists as soldiers in this conflict, but unable to be present. Our absent friends and others outnumber by far those here assembled.

Our thanks are due to those Governors of American, Cuban, Mexican, South and Central American States, Canadian and other Provinces, who have accepted honorary official positions in this body, and to those of our members who cannot come, but whose hearts are with us now as we meet for conference and for action.

As the President of the Medico-Legal Society, I welcome you and congratulate that body and every one of its officers and members, that the successful opening of this Congress, in this place and presence is the culmination of a noble, a humane and a praiseworthy purpose, which animated those who founded this organization in 1900, in which students of Forensic Medicine could combine with men of all professions and which has received such support as you now see manifested at its auspicious opening.

NOTES ON THE SURGICAL TREATMENT OF PUERPERAL SEPSIS.*

By H. E. KENDALL, M. D., Sydney, C. B.

During the first few days after labor it is not quite safe to give douches, unless one can be sure that asepsis is carried out in the procedure. After four days however a vaginal douche for the comfort of the patient may be given by an untrained person with comparative impunity.

Whenever symptoms of sepsis appear, if they are mild the nurse is generally instructed to give a vaginal douche with some antiseptic solution. This treatment disposes of mild cases. Should the case demand the personal attention of the doctor in charge, the vagina should be inspected, a speculum being used. If it is torn, or greatly bruised, and looks necrotic and patchy in places it should be remembered that peritonitis can occur from such vaginal condition direct the infection being carried by the vaginal lymphatics. It will be well then not to take too much account of the uterus until faithful washing of the vagina has been tried. In such a formalin douche given every two hours will often control the spreading infection. Such cases as the above are not at all common.

If a chill has occurred and on inspection the vaginal wounds cannot be regarded as the cause, then the uterus must be looked to.

A single intra-uterine douche will often cause so marked amelioration of the symptoms that the case may be regarded as cleared up. These are cases of putrid endometritis with poor drainage. The douche P. R. N is all that they require. Should the symptoms be alarming and the first douche produce no effect; or produce a chill shortly afterwards, then the uterus must be cleared out more thoroughly. Just here comes the temptation to curette. There are a few cases in which a curettage will be followed by good results but they belong to the above mentioned class and would have done as well or better by simply douching. In the severe cases a curettage does harm always. This position is now scarcely ever questioned although the curette was a very favorite weapon for a few years. What should be done instead? The patient being anæsthetized, the

whole hand is introduced into the vagina, and one or two fingers into the uterus. With the other hand on the fundus for counter pressure the whole inside surface of the uterus can be explored, and all clots, membranes and pieces of decidua removed. The cavity is then douched and a very large drainage tube left in for both drainage and stimulation. If after this the case does not now progress favourably and that very quickly, the infection is deep seated and peritonitis is underway. No time should now be lost before putting into practice the next procedure. To call attention to it is the principal aim of these notes. It is at once simple and efficacious, easily done and far less blood-letting than a curettage. It is the operation of opening the posterior culdesac of Douglas. Prior, of New York, originated it and has done it over twenty times with the best of results. The writer has done it twice with the same good results. Perhaps it would do no harm to write of it in detail. The patient is put in lithotomy position, the vulva and vagina being well cleansed, but no violence being done to the fragile vaginal walls. The cervix is drawn by a vulsellum and elevated to expose the posterior vaginal fold. This is cut through with knife and scissors, the cut being two inches long and being exactly along the posterior cervico-vaginal fold. The first finger of the right hand is then insinuated into the cut, the cervix being meanwhile well pulled down against it. In this way the finger tip can dissect through the loose tissue till the peritoneum is felt against it. This is now to be snipped by long blunt scissors between the index finger and the posterior uterine wall. Just here a small gush of fluid will tell that the peritoneal cavity has been opened and that peritonitis had already set in. The opening is now enlarged by separating the two index fingers. Two long specula are now used, or a long bi-valve, will do and between the blades a fairly large piece of sterile gauze is put up through the opening as far as the fundus of the uterus. This gauze should be spread out as widely as possible and form a bed for the uterus to rest in. It is removed in five or six days, and a fresh piece, smaller, replaces it.

This procedure is equally applicable to cases of peritonitis following early abortion, but in these cases the uterus should be curetted besides. In fact, it is applicable to all fresh cases of pelvic peritonitis that call for operating interference.

While on the subject there is one class of full term puerperal cases that respond well to the application of the sharp curette.

When a septic endo-metritis has lasted *intermittently* for three weeks or a month, and, the uterus being pretty well retracted, there is beginning exudation around the organ, a thorough use of the curette will clear up the trouble, for there has been some interference with drainage at the internal os. It is sometimes a thickening of the mucous membrane at this point, in others a retroflexion preventing drainage.

Even in these cases, however, if the symptoms are severe it would be better to open the culdesac also. It will be seen that this plan of treatment covers all the commoner kinds of puerperal fever, except venous thrombosis, which fortunately, is more rare. By the early adoption of the Prior operation there should be no cases of general peritonitis.

CONSUMPTION.

ADDRESS ON OPENING OF CONGRESS, ST. LOUIS, MO.

By N. K. FOSTER, M. D., Secretary California State Board of Health, Vice-President for California American Congress on Tuberculosis.

Consumption is a subject of ever increasing interest to California. With over a thousand miles of sea coast which is more or less damp, backed by large, dry valleys and foot hills where frost is almost unknown and high mountains reaching to perpetual snow, we have such a variety of climate that one can find his heart's desire. With the pure air, and flowers and fruit to perfection, life in the open air is a constant pleasure, but nearly a sixth of our deaths are from consumption. Why is this? It surely was not so with the early pioneers, and has prevailed only since California was advertised as a Mecca for consumptives. There is probably no better climate in the world than that of California, but climate alone will not cure consumption. Many who come to California are in the last stages when nothing can help them, and they should stay at home among friends. In one town of 8,000 inhabitants, in 1903, there were 155 deaths—80 were from tuberculosis; 75 of these were non-residents and 54 had been there less than 12 months, and 17 less than 30 days. This is only one of the many towns with a like record. Many come who

are entirely without means to procure the necessities of life—without which even California climate will not cure consumption. These either become a public charge or soon die for want of proper care. California does not object to sharing her excellent climate with the afflicted of other States who are in condition to be benefitted by it, but does object to the sending of those who are beyond the possibility of help, and of those who must become a public charge. It is impossible for us to give the hundreds of this class who come the care they need, and without it they are far better off at home. For all this influx of cases in the last stages, our death-rate from consumption is less than in 1899, when it reached 16.7 per cent. of all deaths. In 1903 it had dropped to 15.4 per cent. This decrease can be accounted for by the active measures taken by the health authorities and the Anti-Tuberculosis League of Southern California. By laws, lectures and literature, they have educated the people to a better extent, and much is expected in the future. The State Commission in Lunacy have taken up the matter of segregation of tuberculous patients at the State hospitals. They are having a bacteriological examination made from the throats of all patients and are installing a camp at the Vendocino Hospital. This, if successful, will be followed by others. It is doubtful if the State in the near future builds a sanatorium. We already have many institutions which tax us heavily. With our pure air and delightful climate the whole State should be a sanatorium, but more and stricter laws are needed.

Laws against polluting sidewalks, cars, halls, etc.; laws requiring physical examination of teachers and scholars; laws against improperly constructed tenement houses. People must be taught the value of pure air for twenty-four hours each day. There is a minimum value in twelve hours out-door life if the other twelve are passed in the vitiated atmosphere we find in most living and bedrooms. Above all, the people must be educated to what we believe to be true—that consumption is infectious, and that only by destroying the infected sputa are we safe.

We believe that this Congress is a step in the right direction, and while we may not have accomplished all we wished, we have blazed the trail which will develop into a road leading to success. On behalf of my State, I wish to thank the officers of this Congress who have worked so faithfully and fearlessly for the good of mankind.

RECURRENT DISPLACEMENT OF PATELLA.*

By R. A. H. MACKEEN, M. D., Glace Bay, C. B.

If one formed an opinion of the importance of the affection named from the consideration shown it in the text books of surgery, he would likely conclude that either the chance of encountering such a disability was very small, or that the inconvenience it caused is trivial. On the contrary, the victims of this patella instability tell a tale of very great suffering, and are so evidently incapacitated for walking that sympathy is at once aroused.

My first case presented itself about a year ago, with the following history: A young girl of eighteen, otherwise healthy, complained that for the last seven years she has suffered from slipping of the knee cap. She has a somewhat hazy idea that previous to her first attack she fell and struck her knee, but the injury could not have been very severe, as she was not laid up by it. The attacks, at first occasional, steadily increased in frequency, until at the time the patient sought advice, she was afraid to walk any distance on account of the pain resulting from the displacement of the patella. Examination of the joint showed little to indicate the effect of this repeated displacement. There was a moderate amount of knock knee, and slight swelling round the joint. The patella ligament seemed slack, and the patella could be easily displaced to the outside, but this caused acute pain. There was no flat foot. The only relief obtainable was by bandaging the joint, the benefit being, probably, due to the bandage limiting the motion at the knee-joint. As already hinted, there is not much information or encouragement for these cases to be obtained in surgical works. Bradford and Lovett, quoted by Whitman in his *Orthopedic Surgery*, mention tightening the capsule or chiselling the bone at the insertion of the patella tendon into the tibia, and transplanting it to the inner side of the same bone.

In the *Boston Medical and Surgical Journal* of February 18th, 1904, appeared an article by Dr. Joel E. Goldthwait, of Boston, in which, after mentioning the unsatisfactory results obtained by the various methods in vogue, he described a new plan of dealing with

*Read before Maritime Medical Association, Halifax, July, 1904.

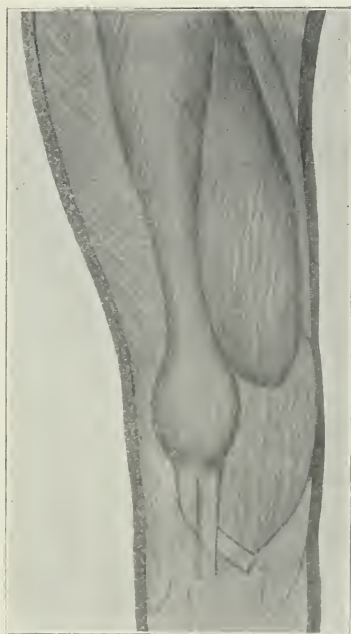


Figure illustrating Dr. MacKeen's Article.

these cases, and as his results have been so uniformly good, it will be well to give in his own words the causes which lead up to this abnormality.

“The condition is seen almost entirely in young girls or women, and is due in large part to the fact that the line of pull of the quadriceps extensor muscle is not straight—this feature being increased in its effect by an unnaturally long patella tendon, knock knee or an imperfectly developed articular surface at the end of the femur.

“The first feature of the indirect muscle pull is in part normal anatomically. The tubercle of the tibia, with the attachment of the patella tendon, is distinctly to the outside of the central portion of the patella when the knee is extended and the muscles are at rest. As the action of the muscles together with the joint motion is studied, it is seen that during flexion the patella is drawn forward over the articular surface between the condyles of the femur, and inclines slightly, but distinctly, to the outside of the median line. As extension takes place, the patella ascends, inclining slightly toward the inner side, until when extension is complete, the line formed by the origin of the rectus femoris, the centre of the patella and the tubercle of the tibia make an obtuse angle. As the muscle contracts, the natural tendency is to straighten this line, with the necessary result that the patella is drawn outward, representing as it does the only moveable point in the line.

“The lateral movement of the patella is distinct, the limit outwardly being controlled in part by the ligaments, but more particularly by the outer ridge of the trochlear surface of the femur, which is distinctly higher in its upper and anterior surface than the ridge at the inner side. Against this the patella infringes, and displacement further is impossible as long as all the parts are normal. If for any reason the line of pull becomes less direct, or the articular ridge less perfectly formed; if the capsule be weakened by the distension following some acute injury; if the patella tendon be abnormally long so that the patella is drawn above the outer edge of the trochlear surface of the femur, or if the joint can be hyperextended so that during the muscular pull the patella is lifted away from the femur—in any one of these conditions the stability of the joint so far as the patella is concerned, must be materially lessened.”

This gives a clear idea of the elements which enter into this affection, and affords a reason for confidence in the operation devised and

successfully carried out by Goldthwait in seven out of eight cases—the eighth not having been sufficiently tested at the time his report was given to make it certain.

In the case already mentioned, it was determined to try surgical measures, and the patient entered St. Joseph's Hospital in March last. The operation was performed as described by Goldthwait in the article referred to, as follows :

A longitudinal incision about four inches in length was made from below the tubercle of the tibia upwards. The patella tendon thus exposed was split in halves anteroposteriorly throughout its length. The outer half cut from its attachments was passed under the remaining portion, and attached by means of strong silk to the periosteum and the expansion of the tendon of the sartorius muscle at the inner side of the anterior surface of the tibia. The incision was closed without drainage, and the leg put up in plaster of Paris from ankle to groin—a tight gauze bandage having been first applied from the knee to the groin, to keep the quadriceps extensor at rest. At the end of six weeks all dressings were removed, and the patient allowed up. There was never any pain or untoward symptoms at any time, and now for some weeks the patient has been using the limb freely without discomfort or sign of return of the old trouble.

The transplantation of the inner half of the ligament fulfils two indications, as by its new attachment it changes the direction of pull, and inasmuch as the outer half passes under the remaining portion, the patella is tilted and brought more firmly across the articular surface of the femur.

In presenting this paper, I wish to point out that much of it is taken from the original description given in the journal mentioned, and that it may well be claimed that the case reported is too recent to be used as evidence, but taken in conjunction with the eight other cases which have been successful, no apology is necessary in offering it.

[NOTE.—Nov. 10th. 1904. The result in this case remains perfectly satisfactory at this date. There has never been any signs of recurrence or inconvenience.]

ADDRESS.*

By G. E. DEWITT, M. D., Wolfville, N. S., Vice-President from Nova Scotia and Mayor of Wolfville.

Mr. President, Ladies and Gentlemen.

Having received an invitation from the Chairman of the Executive Board of the Congress to attend this Convention, in the capacity of delegate from the Province of Nova Scotia, I take great pleasure in responding for that Province before this body.

For several years past Nova Scotia has not been lagging in action or in considering the most effective ways and means in preventing the spread of the contagion of tuberculosis.

In the year 1900 an Act passed the Legislature of Nova Scotia, to establish a sanatorium to aid in the treatment and care of persons suffering from tuberculosis. Within the past year a sanatorium has been built and equipped by the government, at a cost of about \$25,000. The building is situated in Kentville, and capable of accommodating about twenty patients. The situation is a desirable one and suitably adapted for the purpose. Literature bearing on the subject of tuberculosis has been circulated by the Provincial Board of Health, instructing the people as to the care of sputum and how best to avoid contagion.

The Canadian Congress, for the prevention of consumption, has sent their Secretary into the Provinces, who has given practical addresses on the subject, demonstrating the nature of the disease, how to avoid and how to live so as to arrest its onset.

The medical profession in Nova Scotia, while impressed with the necessity of providing sanatoria for the treatment of consumption, realize that a constant vigilance must be maintained in the furtherance and promotion of the principles of hygiene, by teaching the people the necessity of observing sanitary law, for unless sanitary law is observed and enforced we can never hope to cope with the disease by the aid of sanatoria alone.

I am not here, however, to give or advance anything new to this widely representative convention, but to gather from better men than I, some of the good and profitably expressed thoughts of those I shall have the privilege and pleasure of listening to during the Congress.

Further on I shall be pleased, if permitted, to speak on the lines relative to the subject of the paper I have had the privilege of contributing to the Congress.

* At opening of Congress on Tuberculosis, St. Louis, Mo.

THE MARITIME MEDICAL NEWS.

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HALIFAX, N. S., JANUARY, 1905.

No. 1

Editorial.

ETIOLOGY AND TREATMENT OF HAY FEVER.

About thirty years ago C. H. Blackley published the results of experimental research on the causes and nature of hay fever. He studied its connection with the pollen of various grasses and flowers and demonstrated that this substance had a definite relation to attacks of the disease. In 1902 Professor W. P. Dunbar, the Director of the State Institute for Hygiene of Hamburg, published a pamphlet on the cause and specific treatment of hay fever, in which he reported the results of his investigations concerning that troublesome affection. He seems to have proved that the pollen of a great variety of cereals and grasses—rye, oats, wheat, corn grasses, etc., is responsible for genuine hay fever. Dunbar's experiments were as follows: He took the pollen of rye and applied it to the nostrils of a certain number of persons who suffered periodically from hay fever, and also to those of others who had not experienced the disease. In the former, definite symptoms of coryza and irritation of the nasal mucous membrane followed, while the latter did not exhibit any ill effects. He also instituted experiments which proved that the effects produced were not due to mechanical irritation. The active substance contained in the pollen is soluble in tears, saliva, nasal secretion and blood serum. Dried pollen is inactive, but, when comminuted, regains its toxic power. He succeeded in isolating a toxic substance, and used this in the same way with a number of persons. Symptoms of hay fever were invariably produced in susceptible persons; the toxine

when applied to any mucous surface or injected hypodermically produced similar effects. These results would seem to settle the cause of hay fever although the nature of susceptibility is not explained.

Dunbar then undertook the production of a curative serum by following the principles of immunization. Animals were injected with pollen toxin and after prolonged injections an antitoxin developed in the serum. He found that the serum obtained from animals was capable of neutralising the toxine and protecting susceptible persons from its effects. Thus if some of the serum were added to the toxine the mixture could be introduced into the eye of a susceptible person without any ill effects. Serum from normal sources had no protective action.

Dunbar's results are confirmed by other observers. Semon has carefully tried the serum and finds that definite effects are produced. He does not regard the serum as fully curative, but some improvement follows its use. If applied early an attack may be aborted. In some cases the remedy fails. The sense of relief produced in patients is often greater than the diminution in the objective signs of the malady.

Thost, a German observer, also confirms Dunbar's results, but points out that in all cases of hay fever there is a certain element of nerve-weakness which cannot be influenced by the serum; while the cases which are complicated by morbid local conditions will need appropriate remedies for these as well as the specific remedy.

The serum is now prepared from horses and has been placed on the market. It is called "pollantin" and is supplied in small cases containing a bottle of antitoxin and also directions for its use.

Dunbar gives some reasons for the want of success which at times attends the use of the serum as a cure for hay fever. Patients often insist on sleeping with their windows open, and in otherwise exposing themselves to repeated reinfection with the toxine. They should on the contrary refrain from walks in the country at the time when they are liable to the disease, and generally avoid all opportunities of reinfection.

THE FATAL FLANNELETTE.

The fact that a large number of fatal accidents from burns occurred last winter, should appeal to the public as a great calamity. Any light, therefore, that would materially aid in the prevention of similar fatalities, should be freely disclosed. In this connection we append the following clipping from a London newspaper of last winter :

"THE FATAL FLANNELETTE.— On the body of a boy named Mashiter, an inquest was held at Blackburn, on Monday. It transpired that the child was seated near a fire with a flannelette nightgown on, when the garment suddenly caught fire, and the little unfortunate was burned to death. The Coroner: Flannelette again, and no fireguard. A guard would have saved this boy's life. This is the fourth case I have had in a week. It is a shocking state of things."

Here the Coroner refers to a fireguard as a source of protection in a great many cases, but unfortunately many parents are not so comfortably fixed as to afford a "luxury" like a fireguard. On the other hand, when children play with lighted matches, further information should be forthcoming as to the relative safety of different kinds of clothing apparel. It is unnecessary to go beyond the limits of our city, for we can call to mind several fatal accidents from burns during the past winter. If investigation were necessary, likewise, it would be proved that flannelette was the material worn by the victim in every case, either as underclothing or nightgown. It should be impressed upon parents that flannelette is far more inflammable than either flannel or cotton. The trouble is, however, that the cost of material enters largely into consideration of wearing-apparel, particularly where the pocket can be responsible only for the actual necessities. For the sake of conviction, however, let any parent try the experiment of lighting a piece of flannelette and compare its inflammability with other materials, such as flannel or cotton. Flannelette spreads with such alarming suddenness that practically no hope of recovery can be expected when the child's clothing, made of this material, is ignited.

PRESENTATION TO DR. JAMES CHRISTIE.

Immediately after the adjournment of the St. John Medical Society, 21st December, Dr. James Christie was visited at his home by a large number of members of the Society. Dr. McCully, President of the Society, read an address in which reference was made to the excellent services rendered by Dr. Christie as Treasurer of the Society for many years, as an active member, and as one who has shown kindly and frequent hospitality to his fellow members. So much has the latter quality been manifested, that Dr. Christie has earned the title of "official entertainer" of the Society. There was also presented to him a cut glass pitcher with tumblers to match. Dr. Christie was completely taken by surprise and was evidently much pleased. A pleasant evening followed, all the profession present taking the opportunity of wishing their host many years of health and happiness.

IMPORTANT NOTICE.

The Management of the Maritime Medical News will probably undergo a change in a short time. It is, therefore, important that all Subscriptions should be paid without delay. Accounts are being forwarded, and we trust that every Subscriber will be PROMPT IN REMITTING.

Society Meetings.

N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

Dec. 14th, Dr. W. H. Hattie, Vice-President, in the chair.

Dr. L. M. Murray read a case report from Dr. D. T. C. Watson, Physician to the Grand River Pulp and Lumber Co., Labrador. (Published in this issue of the NEWS.)

It was moved by Dr. Hare and seconded by Dr. Murphy that a vote of thanks be forwarded to Dr. Watson by the secretary, and also a request to send particulars of the case.

A discussion on "New Remedies" was opened by Dr. Goodwin. He first urged upon those present the necessity of not overlooking the old remedies and their great value. First he dwelt on the many of the newer preparations of iron, which were claimed to be more readily absorbed. The silver preparations, such as argyrol, argentamine, protargol, were much used, and in contact with mucous membranes were said to be less irritating than nitrate of silver. He mentioned that the late Dr. Farrell placed great value on nitrate of silver. Ichthyol, though not an entirely new remedy, was of decided benefit used with lanoline in superficial inflammations. Chloretone was much used and had been found very useful in persistent vomiting. Phosphorus, lecithin, glycero-phosphates, neuclein and other preparations were valuable.

Dr. Finn gave a very interesting resumé of the present status of adrenalin. It was considered one of the best cardiac and also respiratory stimulants. It was *par excellence* the remedy in surgical shock. It was best given hypodermically, as it was not absorbed in its true form in the alimentary tract. It is useful in hemorrhoids and also in local hemorrhage. In cases of hemoptysis it is contraindicated, as it raises the blood pressure and thus may induce further hemorrhage, due to its vaso-constrictor action on the terminal vessels.

Dr. Mathers mentioned that he had used adrenalin in the treatment of nasal conditions with good results. He suggested a good

way was to use the powder form and blow it over the mucous membrane.

Dr. L. M. Murray spoke of the value of serums, especially antiphtheritic serum which was the only one standardized, although good results had been obtained by antistreptococcic serum and others.

Dr. Ross referred to the good effect of argyrol in selected cases, especially in gonorrhœal ophthalmia; also to chloretone in persistent vomiting. Alphozone is one of the newest remedies, and so far he had been much pleased with it as an unirritating germicide.

Several other members likewise took part in the discussion.

Jan. 4th, Dr. C. D. Murray, President, in the chair.

Dr. W. H. Hattie read a short paper on "The Brain," which was most interesting. Several excellent diagrams were shown, from which he illustrated various points in his paper.

Drs. Trenaman, Ross, Finn, Goodwin and Hawkins discussed the paper. A vote of thanks was presented to Dr. Hattie.

Dr. E. D. Farrell reported a case of scirrhus of the breast, upon which he had operated on Dec. 31st. The patient was aged 45, and a simple removal of the breast with a small portion of the pectoralis major and dissection of the axilla was done. The patient was a delicate woman with atheromatous arteries. There being no discoverable glandular enlargement in the axilla, and the tumor being small, only simple removal with part of the muscle was done. Dr. L. M. Murray examined the specimen and found the skin over the growth and the muscle beneath involved. This illustrates most clearly the vast importance of the most complete and radical operation in all cases no matter how small the growth. Dr. Robert Abbe thus sums up the progress on the treatment of cancer during the past decade:

- 1st. The recognition of the principle that cancer is primarily of local origin and thus a certain cure is effected when a very early operation is done.

- 2nd. In recognizing the enormous value of increasingly extensive operation in advanced cases, widening the field of skin removal and lymphatic dissection.

- 3rd. The value of radio-therapy which, though still in the experimental stage, was effecting a cure in certain cases.

CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

On Thursday, December 30th, 1904, a meeting of the medical profession of St John and vicinity was called by Dr. Murray MacLaren and Dr T. D. Walker, members of the executive committee of the Canadian Medical Protective Association.

Dr. William Bayard occupied the chair, and Dr. J. Henry Scammell acted as secretary.

The chairman referred to the formation of the C. M. P. A., its aims and objects, and stated that this meeting had been called to stimulate more interest in the work of the Association by the members of the medical profession.

Dr. MacLaren referred to a late meeting of the Association at which they decided to appoint an executive committee for each province—and that for the Province of New Brunswick they had appointed Drs. Atherton, T. D. Walker and MacLaren. He also stated that the Association was formed under the patronage and with the approval of the Canadian Medical Association.

Dr. T. D. Walker also spoke at some length of the benefits derived from such an Association, and urged all to become members.

Dr. T. Walker moved the following resolution :

Resolved, that this meeting approve of the objects and aims of the Canadian Medical Protective Association. This motion was seconded by Dr. Daniel and carried unanimously.

Dr. T. Walker moved the following resolution :

Resolved, that the members of the medical profession here present pledge themselves to support the said Association and forward its interests to the best of their ability.

This motion was seconded by Dr. H. G. Addy and carried unanimously. The following committee was appointed with power to add to their number, to canvass the city and vicinity : Dr. T. Walker, Dr. M. MacLaren, Dr. J. H. Scammell, Dr. G. R. McIntosh. Dr. T. D. Walker, Dr. Curren, Dr. Wetmore.

J. HENRY SCAMMELL, Secretary.

Personals.

Dr. G. D. Turnbull, of Yarmouth, is leaving for New York to take up post-graduate work.

Dr. G. C. Jones has returned from Bermuda. We are pleased to know that Mrs. Jones, who is remaining there for some time, has much improved in health.

Dr. W. H. Macdonald, Sr., of Antigonish, was in town attending the recent meeting of the Medical Board. An interesting sketch of Dr. "Bill's" father is given in Dr. Campbell's paper on "Pioneers of Medicine in Nova Scotia" in this issue.

Obituary.

DR. JACOB D. WHITE.—The death of Dr. Jacob D. White, of St. John West, occurred on January the 4th, after a long illness. Dr. White was seventy years of age, and for about forty years practised medicine on the west side of the city.

For a number of years he was on the staff of the General Public Hospital. He was coroner and also a member of Carleton Union Lodge No. 8, A. F. and A. M.

Dr. White will be remembered by very many as a man who had many excellent qualities and a kindly nature.

Book Reviews.

Diseases of the Stomach and Intestines, with an account of their relations to other diseases and of the most recent methods applicable to the diagnosis and treatment of them in general. Lectures to general practitioners. By BOARDMAN REED, M. D., Professor of Diseases of the Gastro-intestinal Tract, etc., Department of Medicine, Temple College; Physician to the Samaritan Hospital, Philadelphia, etc., etc. Price, \$5. Published by E. B. Treat & Co., 241-243 West 23rd Street, New York.

There is no class of diseases which give more trouble to the physician or which call more insistently for relief than those which affect the digestive system. The marked departure from a sane line of diet which seems to be

a requirement of our modern civilization, has not only contributed to an increase in the number of ills which flesh is heir to, but also to the bewilderment and confusion of the general practitioner. While many of the digestive disorders do not threaten life, and may, perhaps, not even shorten its duration, they nevertheless are capable of making existence all but intolerable, and at best tend to lessen the individual's capacity for work and enjoyment. For these reasons, relief is demanded, and all too often the demand is made in vain. There can be no doubt but that the interest which has of late years been shown in the problems of nutrition has resulted in material addition to our knowledge of the conditions with which we have to contend, and consequently has added to our success in treatment. And so, while books dealing with these problems have been issued by various authors, we feel there is a distinct place for such a work as that of Dr. Boardman Reed's, which deals in a comprehensive manner with disorders involving all parts of the gastro-intestinal tract.

The first three lectures deal with the anatomy and physiology of the digestive system. The succeeding ten lectures are devoted to methods of examination, and discuss very fully the various points to be elicited by physical examination, the value of tests made and the methods of applying qualitative and quantitative tests to determine chemical sufficiency, and the examination of urine and feces. Then follows lecture XV, which is a symptomatic guide to diagnosis, and which is one of the most valuable features of the book. Several lectures deal with the methods of treatment, but the major part of the book is devoted to "the gastro-intestinal clinic," in which all the various disorders of the tract receive ample consideration.

The book is well written and practical. It embraces all of the modern methods of diagnosis which have proved to be of real service. It is quite up-to-date, too, in the matter of treatment, attaching full value to gymnastic, electrical, vibratory, hydriatic and mechanical methods, as well as to medicinal therapy. Altogether, it is an admirable presentation of our present knowledge upon this extremely important class of diseases, and will, doubtless, prove to be one of the most popular books dealing with a special subject which have thus far been published.

Therapeutic Notes.

A PROMINENT PHYSICIAN IN LECTURING ON A CASE OF SENILE PNEUMONIA AT THE PHILADELPHIA HOSPITAL, said :—" Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day and at night were replaced by a lamb's wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them.

Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake the patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted. "

The time was when the above statements would have received the hearty endorsement of all thoughtful medical men. But this is not the ox-cart, candle or horse-car age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not Antiphlogistine, made of cleanly and aseptic materials and capable of maintaining a uniform degree of temperature for 12 to 24 hours or more, instead of the bacteria-breeding, soggy, clammy linseed and other poultices?

Most up-to-date doctors say,—“Yes, we know all about Antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated.”

Picture an individual with temperature 104° to 105° , pulse 120–140, resp. 40–70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than half an hour. Antiphlogistine need not be changed oftener than once in 12 or 24 hours during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidently a dilation of the superficial blood-vessels. At the same time it attracts or draws the blood to the surface—flushes the superficial capillaries—bleeds but saves the blood.

The circulation is thus favourably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood pressure on the over-worked heart is reduced, the muscular and nervous systems are relaxed and refreshing sleep is invited.

A SPLENDID MEDICINAL AGENT.—The value of ozoniferous oils, essences and ethers in the antiseptic treatment of disease, has been largely recognized and demonstrated through the extensive and successful employment of Listerine in surgery and general medicine. Listerine is the trade name or descriptive word for the most successful formula of modern pharmacy, consequently it has been utilized most extensively by medical practitioners, and “improved upon” by nearly every manufacturing pharmacist and in many retail drug establishments to an extent that does not apply to any other galenical preparation within or without the pharmacopeia. This tribute to the originality and value of Listerine is very flattering to its manufacturers, who continue to enjoy an uninterrupted increase in the output of their laboratories and a constantly widening market, so that Listerine is known and procurable in any reputable pharmacy anywhere. It advertises itself by its own good qualities; indeed the manufacturers have long ago decided that the best advertisement of Listerine—is Listerine.—*The Western Druggist*, October 1904.

Dr. Mann Page, of Warm Swings, Va., Graduate Medical Dept. Univ. of Va., 1897, writing, says: “I have used Sanmetto in almost every case of kidney trouble that has come to me during the past year, and the results obtained in all cases from the “temporary congestion” so often accompanying “cold,” etc., to the acute and chronic cases “true of inflammation” have been most gratifying. I am now using Sanmetto in several cases of albuminuria accompanying pregnancy, with benefit to every one of the patients.

In cases of irritability of the bladder, from the least degree of this class to the most acute cases of inflammation, following the abusive use of abortifacients, Sanmetto stands alone as a speedy and safe remedy. The success of Sanmetto in the relief of the depressing sequelæ familiar to all who witness the unfortunate results of the "three days' home-gonorrhea-cure" is great. The relief of pain and amelioration of alarming symptoms inspires confidence in the grateful heart of these victims of contagion."

AN OLD REMEDY COMBINED WITH A NEWER ONE.—The *Massachusetts Medical Journal* recently published the following, which will no doubt be interesting to our readers:—

"We believe that members of the medical profession should familiarize themselves with the combination tablet of antikamnia & heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, antineuralgic, and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, Professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs.

"Case I. J. P., Athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia & heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

"Case II. Ed. H., age 30. Family history—hereditary consumption. Hæmorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia & heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Case III. Wm. S., aged 28. Lost 20 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101° with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one antikamnia & heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial."

THE MARITIME MEDICAL NEWS.

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VOL. XVII. HALIFAX, N. S., FEBRUARY, 1905. No. 2

Presidential Address.

THE DOCTOR AND THE CRIMINAL.*

By O. J. McCULLY, M. D., M. R. C. S. (London,) St. John, N. B.

An entirely new character has been given to modern education, and to the whole trend of modern thought by the wonderful progress which has been made in our knowledge of natural science, for the most part, during the last half of the 19th century.

The cellular theory has revolutionized all our ideas of the physical, chemical and physiological processes of life and has established the unity of the structure of man, and all animal and vegetable life.

This period has brought indisputable proof of what Haeckel calls the Law of Substance, viz., that all matter is indestructible and that all force is constant, and throughout all nature, over all our bodily functions, our intellectual conceptions, the growth and development of our moral nature, there reigns the eternal validity of iron law more constant than that of the Medes and Persians which we are told altered not. This period has seen the establishment of the truth of the great law of evolution which has introduced an orderly sequence into all the changes which take place in organic and inorganic life throughout the whole universe, and has given us the key to that great problem, man's place in nature.

In our own profession when we call to mind that in a short life time Virchow has given us his cellular pathology, that Lister has

*Read as the President's address before the St. John Medical Society.

introduced antiseptic surgery, which has gradually evolved into aseptic surgery, and when we remember the great progress made in the diagnosis, treatment and prevention of disease by our knowledge and application of the germ theory of disease, we feel proud that we have kept our place in the race.

Now all this gratifying progress has been made by the employment of rational scientific methods, but when we come to fields of study where such methods have not been used and where truth has only been sought after and adopted in so far as it does not conflict with preconceived opinion or with the hoary dictates of authority, we do not see such pleasing results. Haeckel who states his views by quoting Alfred Russel says—"Compared with our astounding progress in the physical science and its practical application, our system of government; of Administrative Justice; of National Education; our entire social and moral organization remain in a state of barbarism." This appears to be a very sweeping statement indeed, but as far as the application of scientific methods, of which we have just spoken, to the treatment of the criminal by the administrative justice of England and Canada is concerned it appears to be painfully true.

Robert Louis Stevenson in his dedication of *Underwoods* says of the physician: "He is the flower, such as it is, of our civilization and when this stage of man is done with and only remembered to be marvelled at in history he will be thought to have showed as little as any in the defects of the period, and most notably exhibited the virtues of the race." Now when we remember that our profession is at once scientific and philanthropic, and when we look back into history and see what has been done and what is doing to mitigate human suffering by the introduction of the scientific and inductive methods into the treatment and the prevention of disease, no doubt the eulogy of Stevenson is truer of our profession than of any other.

It was medical science which taught a cruel and benighted age that epilepsy and insanity and kindred nervous affections were diseases and not due to diabolic possession. Thanks to the medical profession the world is not to day burning witches, and the mentally infirm are treated in a reasonable and humane manner. Now when we come to the criminal, the morally infirm, the profession has the same duty to perform as it has done in time past to the intellectually infirm. He must bring the same scientific methods to bear. The criminal must be studied both biologically and sociologically.

The first is peculiarly the province of the skilled physician or alienist, and as to the second our interest and duty is as great as any other body of citizens.

Therefore it is that we need offer no excuse for giving to a medical society such as this, a short synopsis of the facts acquired and the conclusions drawn by that comparatively new science Criminal Anthropology. We will first say a few words about the early history of this science.

Aristotle, that father of all science, was the first to notice the relation which existed between certain conformations of the head and physiognomic expressions and vicious and criminal instincts. Galen noticed these same relations, and pointed out how alcohol was productive of crime. He had a clear conception of the instinctive criminal and held that society should be protected from him, but this should be done in no spirit of revenge or vindictiveness.

Gall, who lived at the beginning of the 19th century, has been called the father of the modern science of Anthropology. He made a careful study of a great number of living heads and of the brains of the dead and he travelled extensively throughout Europe visiting prisons and lunatic asylums, and many of his deductions anticipate the conclusions of the modern school of Criminology. Despine in his *Psychologie Naturelle* made a great advance when he directed his attention to the study of the criminal's mental nature. He proved clearly that the instinctive criminal is a psychological monster, that he is morally mad and therefore irresponsible.

It is to Italy that we turn to find the present home of Criminal Anthropology, and its kindred sciences, and the practical application of them. Here it is that Lombroso, one of the most versatile geniuses of the century, first saw the light, who in the publication of his *L'Uomo Delinquente* marked a period in the century possibly only exceeded in its influence on the thought of the world by the publication of Darwin's *Origin of Species*. This work was so exhaustive and thoroughly scientific that it marks a new epoch in the study of the criminal, and excited a lively interest in the new science all over the civilized world. He studied the criminal anatomically, physiologically and psychologically in the most exact and painstaking manner. He is said in this work to have overestimated the atavistic element in the production of the criminal, and this he admitted in his later works. In this work he clearly brings out the central truth of the

new science that not the nature of the crime but the dangerousness of the criminal should be the one rational basis on which the criminal should be dealt with. He has since been assisted by the most able lieutenants in Ferri, Gorafolo, Rossi, and Ottolenghi who edit the best journal in the science in the world.

Germany has produced a great criminologist in Benedict, who has made the most exhaustive comparative study of the brain of any man who ever lived, and has been called in consequence the architect of the brain.

It is strange that in England no scientific interest has been taken in the new science. The first one to write a book on modern scientific lines was a clergyman, the Rev. W. D. Morrison. Maudsley, however, in his "Responsibility in Mental Diseases," shows the close relations which existed between crime and insanity and treats the criminal in the broadest scientific manner. It is also strange that in the International Association of Criminal Law in which the whole civilized world is largely represented, the number of English members is comparatively small, and at the first meeting of the International Congress of Criminal Anthropology in Paris, England was not represented at all.

When we come to the scientific investigation of the criminal we must treat him both biologically and sociologically. Under biology we include his anatomical, physiological and psychological abnormalities.

We can only in the briefest manner in so short a paper as this is refer to them. In summing up the abnormal anatomical manifestations we may say that they are not always constant but occur in a greater proportion than in the normal civilized man, and in this way approach the present uncivilized races and primitive man.

The squamaso-frontal articulation is found in less than 2 per cent in European skulls, while it is found in 20 per cent of Negroes and 17 per cent of Australians. The sphen-opterygoid foramen is found in 4 per cent of Europeans, but in Australians it is found in 50 per cent; so also the wormian bones are found more often among the lower races.

Among criminals the proportion of these abnormalities coincides very closely with the savages, and in external configuration of the skull there is a marked lack of symmetry. The weight of the brain of the criminal is on an average below that of the normal, but little

importance can be placed on the weight of an individual brain, as some of the greatest geniuses have had small brains. Gambetta's brain was no larger than that of a microcephalic idiot.

More importance can be placed on the shape of the brain and the relations of the convolutions one to the other. Benedict found the frontal lobe often presented four convolutions which he considered a reversion to the carnivorous type. He also found marked confluence of the fissures, so that, as he put it, if we were to imagine the fissures of the brain to be channels of water, a swimmer might with ease swim through them all. The pathological conditions generally found are pigmentation, degenerating capillaries, thickened and adherent membranes, and remnants of old congestions and hemorrhages. Lombroso found traces of meningitis in 50 per cent of all criminals examined. When we come to the face, we find the lower jaw is heavier, squarer and projects forward, or what is called prognathous, in this resembling the savage and primitive man. A receding chin is a marked characteristic in the criminal who is such from weakness, prominent zygoma and high cheek bones are most marked in sexual offenders. Ears of criminals are large and outstanding. Lombroso describes them as handle-shaped. A prominent tubercle on the outer margin of the helix called the Darwinian tubercle and a conical tragus are common features. The nose is generally rectilinear and larger than usual and deflected to the side. Wrinkles are more marked. Ottolenghi found young criminals of fourteen with wrinkles more marked than in most men over thirty. It is these wrinkles which give to the young criminals their appearance of premature virility. While the beards of criminals are scanty and wanting, the hair on their heads is plentiful. Criminal women have a great abundance of hair, and have hairy bodies in which the hair is distributed the same as in men.

Lombroso has gone into the physiognomy of the criminal with the greatest of detail and exactness, and some of his deductions will no doubt have to be taken with some qualifications. We have not space to give them in any detail, but will give what he has to say of professional thieves. "They are remarkable for the mobility of their features and of their hands; the eyes are small and very restless; eyebrows thick and close; nose often crooked and incurved; the forehead nearly always narrow and reclining; the complexion pale and yellowish and incapable of blushing." There may not be much

significance to be attached to the conformation of the head and face taken separately, but when they are considered collectively by experts it is wonderful how accurate in their diagnosis they can become. Prof. Ferri walking in front of several hundred soldiers pointed to one man and said : "that is the face of a murderer;" and subsequent investigation proved this to be true. Even those who are not experts can come very near the truth from general appearances. Lombroso submitted twenty portraits of thieves and twenty of great men to a school of young girls. Eighty per cent of the answers were correct.

Physical insensibility to pain is a constant feature in the instinctive criminal, and in this he resembles the idiot and the lower races. It has been said of the Maori that they would not hesitate to chop off a toe in order to wear a European boot. The criminal has also a wonderful power to recover from wounds, and in this way resembles the lower animals and the savages. A well authenticated case is given of a woman who performed Cæsarian section of herself with a kitchen knife and then killed the baby. She had a hasty and uninterrupted recovery.

When we come to investigate the criminal from a psychical standpoint we find the most pronounced moral insensibility combined with imprudence and lack of forethought. Gall says: "If criminals have remorse it is that they have not committed more crime or that they have let themselves be caught." Despine, who has studied this feature most exhaustively, says "that those who premeditate and commit crime in cold blood never experience moral remorse. I found also that those who manifested acute sorrow and real remorse after a criminal act have committed that act, either under the influence of a violent passion which has momentarily stifled the moral sense or by accident without intention."

Mr. Davitt writing of his long experience in Dartmoor says he scarcely ever met a prisoner, no odds how long his sentence might be, who was truly miserable. He speaks of one man, however, who was condemned to eight years penal servitude, whose life was a perpetual sorrow. This man had gone home slightly intoxicated to find his wife in tears and that she had been insulted by a man living across the street. He rushed out with a chisel in his hand to the man's house and inflicted wounds from which the man died. But this forms no exception to the rule, as this man was not a criminal in the

true sense of the word, for while his act was antisocial his instincts were not, and he would be classified as a criminal by passion.

We know from the accounts given in the daily papers of the execution of criminals that they nearly always sleep soundly and eat heartily immediately before the execution, and march to the scaffold with the greatest of coolness and indifference.

The intelligence of the criminal, often bright, lacks in forethought, and is very imprudent. Dr. Krauss says: "The criminal is more astute than intelligent. It is essentially a faculty limited to the consideration of concrete cases, and which is chiefly concerned with the deception of others. A criminal in planning a crime does not calculate all the possible eventualities, and after the success of his action he loses all caution, as if the energy of his mind diverted to the project and its execution was exhausted at one stroke." Criminals against the person show a lower level of intelligence than those against property. Thus murderers and sexual offenders are naturally inferior to the pickpockets and burglars.

The criminal is always vain, often excessively so. The great criminal murderer or embezzler is looked upon as a hero by his associates in crime, and he so regards himself and expects honor from all those who committed less offences. Abbe Moreau thus describes the reception of a great criminal at the Grande Roquette: "He is king in the midst of his subjects, envious looks are cast at those privileged individuals who have succeeded in placing themselves near him; they do not speak for fear of interrupting him; and he knows that he dominates and fascinates them." It is the gratification of the vanity which is a factor in the production of a series of crimes after the overdrawn and dramatic description of a great crime, the trial and the execution of the perpetrator as given by the daily press. The criminal is constitutionally lazy, says Ellis. "The whole art of crime lies in the endeavor to avoid necessity of labor. Make idleness impossible, and you have done much to make the criminal impossible." The great army of tramps who in winter congregate in the slums of the large cities and travel over the country in the summer are responsible for a large part of the crime of America.

This constitutional inertia calls for something to lift him out of himself and give him pleasure which is otherwise beyond him. Hence it is he is often so inordinately fond of alcohol and gambling. There is an emotional instability among criminals confined in large prisons

which shows itself in periodical, hysterical and maniacal outbursts. These explosions seem to be governed by the same laws as epileptic seizures, and the governors of large prisons look and expect these as regular occurrences.

Any rational study of the criminal would be incomplete without something said about heredity. Here two factors must be considered, the inherited disposition and the environment in which the criminal is brought up and lives. Morro, who has studied the heredity of criminals probably more exhaustively than any one else found as much as 60 per cent of criminals have either criminal, insane, epileptic or drunken parents, or there was something abnormal in their characters. When disease is not found in the parents, we find debilitating influences and overwork at the time of conception play an important part. Great disparity of age in the parents is productive of criminals as well as idiots. Morro found among murderers examined by him that 53 per cent of them had fathers over 50 when they were born. Drunkenness in either parent or in both is most fruitful in producing criminal children. Chronic alcoholism and temporary intoxication at the time of conception have been productive of some of the most marked cases of instinctive criminals.

Morro found an average of 40 per cent of criminals had drunken parents, while the average of the normal is only 16 per cent. The most celebrated case of heredity is that of the Jukes family of New York. The ancestor of the family was born in a log house in a rocky remote spot in the state of New York. He left a family of five daughters who have been traced for five generations. The number of descendants traced amount to 709. Only 10 out of these were known to have learned a trade or made an honest living. 180 received relief as paupers, making an average of 2300 years. 76 were criminals committing 117 offences. 55 per cent of the women were prostitutes. The actual cost of this ghastly brood to the state has been estimated at a million and a quarter dollars.

Time will not permit us to consider the criminal from a sociological standpoint, otherwise we might consider the relations of climate and seasons to crime, for it is established beyond all doubt that murder and crime against the person are more frequent in tropical countries than in temperate ones; more frequent in all countries in summer than in winter. It is found that actual destitution is productive of

crime, and also that any material increase in wages on account of the attendant dissipation produces the same effect.

The great central truth of the new science of criminology is that the criminal should be studied most minutely in his ancestry, his previous life, and his environment at the time of committing the crime.

The old criminal law only recognises two things—the crime and an arbitrary punishment, which is meted out in the most haphazard manner. The new science deals with three things—the crime, the criminal and the method of protecting society.

We will give an outline of the different kinds of criminals as classified by Prof. Ferri, and then we will see how irrational to treat them all alike. The *political* criminal of one age is the hero of the next. Benedict says he is the *Homo Nobilis* of which Christ was the highest type.

The criminal by *passion* is one who in a fit of uncontrollable anger at some outrage being done to himself or his family kills the villain. This man may not have a single criminal instinct. He is social rather than antisocial. The *occasional* criminal may not be at all antisocial, he is simply weak and the temptation is too strong. A boy may be hungry and he steals to avoid starvation. He is sent to prison to herd in idleness with confirmed criminals and is sent out into the world a habitual criminal. Here the boy is not the criminal, society is. Then we have the *instructive* criminal who has no restraining social instincts, has no moral sense, is a moral monster whom no education, no restraining or elevating influence can improve any more than any treatment could restrain the frenzy of the patient with general paresis. The *professional* criminal is the aristocracy of the profession who deliberately chooses this as a means of living, as it fascinates him by the great risks and great prizes. Lastly there is the *criminal insane*; the only class we treat on scientific principles after we have made out that he is insane, although the method by which this is determined is most crude.

Our present legal system does not study the criminal in these aspects at all, but maintains that it can only concern itself with absolute certainties, but until men and women become geometrical figures will they ever fit into any legal abstract system. When the criminal comes into court there is at once the assumption that all men are born equal, and that all men have an equal moral sense.

This ignorance in so vital a point is due to the fact that the metaphysicians and theologians have held that conscience is a domain peculiarly their own, that it is a mysterious entity independent altogether of the physical body, and that the scientific method is not to be applied to its study, while everything else in the universe is governed by iron law. Crime is without the pale of order, and is done at the instigation of a mysterious individual called the devil whom the unfortunate criminal has taken into his closest confidence. Those who have studied the moral sense by the inductive method know that it is the product of a long revolutionary process the same as the physical body, and that there is no absolute right and wrong as is assumed by our antiquated legal system. The duties which are imposed upon us by the social structure and which our conscience tells us are right or wrong are higher evolutionary stages of social instincts which we find in all the higher animals. But apart altogether from the anthropological view the physician knows how the moral sense is changed by injuries to and diseases of the brain. He knows how, in commencing insanity, before there are any gross manifestations, the man's moral nature is changed; how the man who is the highest exemplar of honor and truth becomes a thief and a liar, and the most chaste becomes obscene and lewd. The alienist tells us that the recovered insane often regain all their intellectual faculties but never get to have again the fine moral sense which they once had. From these facts he knows that the moral sense is a function of the brain and varies as the physical condition of the brain and the whole body varies.

Crime then is no accident or monstrosity, but is the inevitable never varying resultant of forces which have been acting during the ages and those of the present. It is the exact product of heredity and environment.

Says Maudsley in "Responsibility in Mental Diseases:" "Lunatics and criminals are as much manufactured as steam engines and calico printing machines, only the process of the organic manufacture are so complex that we are not able to follow them." This being the rational way of looking at crime—how shall we treat it? The criminal is morally infirm and we should treat him in the same spirit as we treat the physically infirm. It follows of course that this must be done in no spirit of vindictiveness, with no mawkish sentimentality, but with scientific methods.

Skilled and trained men must inquire into the criminal's family and personal history, and must make an exhaustive examination of his body as well as of his mental and moral nature.

Maudsley says in his "Physiology of the Mind": "The time will come and ought to come now when prisons shall be used for the systematic investigation of the antecedents and for the clinical study of the varieties of the criminal nature, just as asylums are used for the clinical study of diseased minds and hospitals for diseased bodies. There should be a complete change in the way in which expert testimony is given in our courts.

It should not be as at present that medical experts can testify on opposite sides and thus distort the truth to the advantage of the side on which they are retained, and so confuse both judge and jury.

There should be appointed a medico-legal commission, not simply to express opinions but to give decisions, and then we would not have the anomaly of a jury setting aside a correct and just medico-legal opinion, and a judge ignorant of the technicalities constituting himself an expert of experts.

Having determined that the individual is a criminal there are two things we must do with him—protect society from him, and change him if possible from an antisocial to a social member of society. Our present mode of doing this embraces two kinds of punishment—execution and the prison.

Now as capital punishment is often more humane than imprisonment for life,—protects society, and prevents the propagation of the criminal's kind, there can be no valid scientific objection to it.

The great objection to it is the brutalizing effect it has on those by whom the sentence is carried out and on those whom morbid curiosity has drawn to the scene. The effect on the public of the sensational descriptions of the way the criminal died are most demoralizing. The trial of a murderer and his execution should be carried out secretly and not a word said about it in the public press, and so avoid the contagium of crime which is sure to bring about several similar crimes.

The prison is often a failure because it brings the young in contact with old and confirmed criminals and turns them out real criminals; it is a place of exquisite torture to sensitive natures which should never have been in prison, and it is a haven of repose to the recidivist or the instinctive criminal. The prison with all its defects is with us to

stay as society is at present constituted, and the best we can do with it is to reform it. The key to the failure of our present system of imprisonment lies in the habit of giving definite and predetermined sentences by judges who are ignorant of the nature of the prisoner and the effect of the sentence.

The first and great reform should be the abolition of these definite sentences. This is not new, as it has been adopted by several countries, and its beneficial effects have been seen by its working at the Elmira Reformatory for the State of New York. An Act was passed by the New York Legislature which took away from the judges the power of fixing a definite period of confinement. The prisoner is confined until in the opinion of the managers of the reformatory they can let him out on parole for six months. Before he is paroled a suitable situation is provided for him. The treatment consists of a regulated diet, massage, bathing, gymnastics, school work and the learning of a trade, not neglecting the moral and æsthetic. It has been proved that here there are fewer recidivists than in any other prison in the United States. Says Dr. Wey, of Elmira: "The time of the convict should be so employed in his shop work and school duties as to leave him no leisure moments to revive the past and live over again in memory his criminal days or plan for the future, but each hour should bring to him its employments and engross his attention till the time for sleep."

If this is the kind of treatment the prisoner is to get he needs as skilled and trained attendants as do the sick in the hospital, and unless he has these and is treated properly, there is little hope of socializing him. As the highest aim of the medical profession is to prevent disease rather than to cure it, so the aim of society should be to prevent crime rather than to punish it.

We must endeavor to correct the faults in his social environment which produces crime. Lassagne says: "The social environment is the cultivation medium of criminality; the criminal is the microbe, an element which only becomes active when it finds the medium which causes it to ferment. Every society has the criminals which it deserves."

First, there should be provision made for the detection and special treatment of all abnormal children. All criminals in their childhood are strong in their resistance to educative influences. The medical inspection of children has been carried systematically in Sweden

for a number of years, and the amount of crime has been materially lessened.

Again we must have compulsory education. This at one time was thought to be the great panacea. True it helps, but it must be more than a mere intellectual education, for this often puts more power into the hands of the antisocial man and makes him a greater danger to society.

The education which is to prevent crime must train the hand as well as the intellect. The number of criminals who have an intellectual education is quite large, the number who can work at a trade is very small. Either during school life, or after it, everyone should be taught a trade or educated to some useful function, and then he must be able to live in some degree of comfort by that trade or function.

How we are to bring about an environment by which this is possible is beyond the scope of this paper, but will say that if we could only develop a public sentiment which looks upon a big thief with the same contempt that it does upon a small one, and expect in business the same honesty and honorable dealing that it does in professional life, the poor hard-working man would find this a far more comfortable world to live in.

This education which is to prevent crime must not only train the intellect and the hand, but must teach a man the laws of his own being and the laws of nature by which he is surrounded, and that all disease and crime is a lack for the most part of his own making. Thus intemperance is perhaps of all causes the most fruitful of crime, and all influences which lead men to practice self-control in this respect make for the betterment of mankind in the most eminent degree.



EDUCATION AGAINST PULMONARY TUBERCULOSIS.*

By J. H. SCAMMELL, M. D., St. John, N. B.

Before making a few remarks on education against pulmonary tuberculosis, I desire to call your attention to a resolution which was read before the St. John Medical Society and unanimously passed by a large meeting :

Whereas, Tuberculosis, in one form or another, destroys approximately one-sixth of the human race, and is very prevalent in this community ;

And whereas, Being an infective disease, due to a specific germ, without which it cannot exist, it is largely preventable ;

And whereas, A Royal Commission in England, appointed in 1890, to enquire and report what is the effect, if any, of food derived from tuberculosis in animals upon human health, reported on November 22nd, 1894, to parliament that, in their opinion, an appreciable part of the tuberculosis that affects man is obtained through his food ;

And whereas, Tuberculosis is a common disease in New Brunswick among dairy herds and other domestic animals not readily recognized as such by farmers and slaughterers, but capable of detection in nearly all cases by an expert ;

Therefore resolved, That the St. John Medical Society petition the commonalty of St. John, the municipal council, the local board of health, and slaughter house commission to appoint committees to act with a committee from this society in considering the best means of protecting the public from the dangers of tuberculosis.

The St. John Medical Society appointed Drs. White, Bayard, Inches, Gray, J. Christie, MacLaren, Morrison, and Scammell. Later, the common council, the municipal council, the local board of health, and slaughter house commissioners appointed committees. Just at this point one of the prime movers was publically criticized in the press, unjustly, no doubt ; but evidently the adverse criticism had a dampening effect on the whole enterprise, and since then we have not heard anything about it.

No better opportunity ever offered to start a crusade against the great white plague here than at that time, and I feel that such a subject

*Read at meeting of St. John Medical Society, St. John.

having been brought to the attention of the public should never have been left to drift on.

I do not intend now, especially with the short time at my disposal, to treat of the relation of human and bovine tuberculosis, etc., but only the results of educating the public against pulmonary tuberculosis.

The four following conclusions have been arrived at by experts :

1. Tuberculosis is a communicable disease, due to Koch's tubercle bacilli acting on an organism prepared to receive it, or unable to resist the bacilli when present in large numbers.

2. Tuberculosis is not to any great extent hereditary.

3. Tuberculosis may be prevented by reducing the sources of infection, by improving the environment, by strengthening the individual.

4. Tuberculosis, in many even of its severest varieties, can be cured.

These propositions may now be accepted as scientific truths, and will form the working plan of all future efforts directed against tuberculosis. When Koch read his paper before the British Congress of Tuberculosis in July, 1901, he said "strictly speaking, the fact that tuberculosis is a preventable disease ought to have become clear as soon as the tubercle bacillus was discovered and the properties of this parasite and the manner of its transmission became known.

But the strength of a small number of medical men was inadequate to the conflict with a disease so deeply rooted in our habits and customs. Such a conflict required the cooperation of many, if possible of all, medical men, shoulder to shoulder with the state and the whole population, and now the moment when such cooperation is possible seems to have come."

There is no doubt but that the medical profession in other countries, and I am glad to say in *some* parts of our own country, are thoroughly aroused to their opportunities and responsibilities in preventing this death-dealing disease, and this is evidenced by the many articles that have recently appeared from all parts of the world and by the great work which has been done in securing legislation for providing proper sanatoria for the treatment of those afflicted with consumption ; for the education of the people as to the means of transmission ; for maintaining surveillance of patients in crowded sections ; for the destruction of sputum and such measures as limit the means of spreading the great white plague.

In the United States the general government has enforced a measure to diminish the foci of infection by excluding tuberculous aliens from their shores. In New York City they have a system of reporting and tabulating all cases that come under the auspices of the city board of health, and I believe cases of tuberculosis have to be reported to the board of health the same as scarlet fever, diphtheria, etc.

The great importance which was formerly attached to the hereditary transmission of the disease tended to prevent active work in prophylaxis and all the energy of medical minds was devoted to therapeutic measures.

Now that we know that practically none actually inherit tuberculosis and that the usual way of contracting the disease is by the direct introduction of germs from the sputum of patients, we have a definite working basis, and the question of eradicating tuberculosis from our country resolves itself into the destruction of bacilli by the proper treatment of the expectoration of those already infected with the disease.

It is the incipient cases, where the patient is able to follow his usual avocation, or at least to walk about the streets, hotels and other public buildings, that disseminate most widely by promiscuous expectoration the germs capable of infecting others with consumption.

Dr. Baker, State Health Officer, Michigan: "Of all communicable diseases consumption (pulmonary tuberculosis) is now the most dangerous. More people contract that disease than any other. Therefore anything, any statement, or any influence which belittles the importance of restricting the spread of consumption, does damage in the most vital point to the interests of the public health and safety."

The essentials for the restriction of consumption are: First, the general recognition of the truth that consumption is the most dangerous communicable disease. Knowledge of that fact is the power without which consumption cannot be restricted. In order to be most useful to the public it is essential that this important knowledge shall be gained by, and shall govern the action of, every coughing consumptive, who, otherwise, is a constant source of danger. Therefore, the consumptive should be promptly put in possession of that knowledge. This essential cannot be fulfilled by the public unless every case shall be reported to the board of health, and every case so reported should be promptly informed how to avoid reinfection of the patient and spreading the disease. The Canadian Association for

the Prevention of Consumption and other forms of tuberculosis is already doing a good work, and this should be followed up by united effort of all physicians and the various boards of health.

The question might very well be taken up again by the St. John Medical Society, especially as affecting local interests; the reorganization of our Local Board of Health, which, to my mind, is at present only a board of health in name, the appointing of a proper health officer, etc., could very well form a topic—a live topic, for another meeting.



REPORT OF COMMITTEE ON LEGISLATION OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK RE OPTICIANS.

To the Medical Profession of New York: During the legislative session of 1904, a society of opticians known as The Optical Society of the State of New York, petitioned the legislature to enact a law creating a state board of examiners in optometry. Before this board would appear all persons who desired to practice optometry, which practice was defined in the act to be enacted as the "employment of any means other than the use of drugs for the measurement of the powers of vision and the adaptation of lenses for the aid thereof." The Medical Society of the State of New York opposed this bill, and with the aid of other organizations, especially the County Medical Societies and the Optical League (an organization of opticians doing a legitimate business), secured its defeat.

Since the last election, this optical society has been forwarding to physicians in all parts of the state, as well as to the members elect of the next legislature, a document giving reasons why a law of this kind should be enacted and asking their endorsement.

At the time of the hearing on the Optometry Bill before the legislative committees of last year, the opticians presented a long list of names of physicians who had endorsed their efforts. The undersigned communicated with every name on that list, and learned that where reputable physicians had endorsed the measure it was through a misapprehension of the real purpose of the bill, and when its true character was pointed out to them, they not only withdrew their endorsements but in many cases wrote vigorous letters of opposition to it. Many of the names were fictitious, the communications addressed to the addresses being returned as not found. A large number were the names of irregular practitioners, as osteopaths, spiritualists and so on. There is no doubt that the object of the opticians in presenting the present arguments is to obtain the endorsement of physicians so that at the next legislative session these signatures can be used to offset the opposition which will be presented by the regularly organized bodies of the state. I therefore address the profession of the state, urging its members not only to refuse to endorse this and similar measures but to make an effort to present to their representatives,

both in the Assembly and the Senate, the true merits of the case, and urge their opposition to it.

The arguments presented by the opticians are very misleading. Their claim, of course, is that they desire to protect the community from incompetent people, but the fact is (as every well-informed physician must know) that they are all incompetent. They seek to create a separate profession. This they deny, but in their remarks before the legislative committees they continually used the expression "our profession." They seek the legal right not only to apply lenses for the correction of defective vision which may or may not be due to errors of refraction, but they also seek to treat headaches, dizziness and the various reflex phenomena which may be due to affections of the eye itself or to affections of organs remote from the eye. They pose as being competent to make a differential diagnosis. To prepare physicians to do this work the law requires that a four years, course in a medical college shall be taken, after which a medical examination conducted by the state must be passed. Physicians themselves find that after this preparation it is often difficult to be sure of one's ground; and, if this is so, there seems to be no good reason why opticians should be allowed to undertake the same work with less preparation.

It seems unnecessary at this time to go into an extended argument in opposition to this bill. The effort to secure its enactment is not an honest one. Opticians know that they are violating the law in following the occupation which they are now engaged in, and they say that if their bill is enacted it will not give them any more powers than they now possess, while the fact is that the enactment of the bill will give them the legal right to do what they are now doing in violation of the law. They really desire to use the legislature as a tool to put them beyond the grasp of the law; and if this is once clearly brought to the attention of our senators and assemblymen, there is no doubt what the outcome will be. We have met this and similar efforts more than once in the past and there is no doubt that we will meet many more in years to come; but from our experience we feel justified in making the assertion that if the medical profession will present a united opposition to measures of this kind, they will never be enacted into law in the state of New York.—Frank Van Fleet, M. D. Chairman of the Committee on Legislation of the Medical Society of the State of New York.

UNUSUAL CONDITIONS IN A NEW-BORN INFANT.*

By. D T. C. WATSON, M. D., Gillisport, Labrador.

I was called at 6 a. m. to see Mrs. Y., a Finnish woman, and learned that she had been in labor since 11 o'clock the night before. Patient a primipara, a health-looking woman, and in good condition in every way. Pains had been increasing rapidly, and were very strong and frequent. Examination revealed a normal presentation, with the membranes bulging through the almost fully dilated os. Three quarters of an hour later the membranes ruptured, and in 20 minutes more the head was born. The cord was wrapped tightly round the neck and considerable difficulty was experienced in freeing it. There was some delay in rotation and delivery of the body caused by a protrusion from the abdomen of the child.

The child, a female, when born, was very small, and feeble. It made but slight attempt at respiration, and in spite of all attempts made to restore it, expired in about 25 minutes after birth. From the mid-line of the abdomen, the lower border being on a level with the umbilicus, there projected a sac-like tumor of the size of a large orange. The sac merged gradually into and blended with the skin surrounding the mass; its upper and left side was very thick and tough, and through the right side which was thin and transparent, the intestines shewed plainly. The sac-wall on being opened proved to be a continuation of the peritoneum, and enclosed, forming the protrusion, a part of the stomach, most of the small intestines, and the whole of the liver, the right side of which was firmly adherent to the sac at the part where latter was thickened.

Hanging below and to the right side of the tumor, attached to the skin by a strong thread-like pedicle, was a sausage-shaped growth $1\frac{1}{2}$ inches long, composed of liver-like substance, and very firm to the touch.

The child, though a small one, possessed a very large head, to which in turn, there was but one ear, the left. In place of the right there was but a slight depression, from the centre of which hung a small teat of tough skin.

* Read by the Secretary at N. S. Branch, B. M. Association, Dec. 21st, 1904.

Retrospect Department.

MEDICINE.

MUSIC AS A THERAPEUTIC AGENT.

F. S. Kennedy says that much assistance is in many instances to be derived from the intelligent use of music, either vocal or instrumental, as a therapeutic adjunct. Melancholia, insomnia, hysteria, family affliction, business reverses, delirium, pain, fatigue, mental or physical, will all be helped by the beneficial influence of music, rightly used. As a post-operative measure it would have an undoubted influence for good in taking the patient's mind from his bodily distress. So, also, could "painless" dentistry be relieved of some of its pain and distress by the quieting influence of music, which would, as has been amply demonstrated, produce a pleasanter mental influence during the administration of nitrous oxide or other anæsthetic. A German writer has recently stated (February, 1904), that in a number of test cases in which music was provided during the administration of the anæsthetic, there was an absence of distress and resistance on the part of the patient: also an absence or reduction of the post-operative nausea under the same circumstances.

To be advantageous the nature of the composition must be carefully selected with a view to the needs of the individual case, and the execution must be as nearly faultless as possible.—*Medical Record*, October 29, 1904.

MY EXPERIENCE WITH LIGHT THERAPY.

Julis Rosenberg supplements a former contribution by giving an additional series of twenty-seven cases treated by means of the ultra-violet rays. He considers these rays as remedial agents of the greatest value, especially for the relief of pain. The cases reported cover a very wide range of material, and the results were encouraging in nearly all instances. The author employs a thirty-five ampere arc

with mirror reflectors, and attaches importance to the use of iron-carbon electrodes. He concludes that the ultra-violet rays obtained in this way are a specific remedy in acute muscular pain, such as lumbago, torticollis, and pleurodynia. In cases of acute and chronic neuritis these rays will always relieve pain, and in most cases, especially acute forms, effect recovery. The bactericidal powers of the chemical light rays are easily demonstrated in inflammatory conditions of the skin of parasitic organ. In acne and furunculosis the curative effect is both prompt and certain. The results in rheumatic arthritis have not been encouraging, thus differing from those reported by German authors. This may in part be due to the limited number of treatments permitted. In acute and chronic pleurisy and bronchitis the application of the ultra-violet rays is undoubtedly beneficial, and it is also possible that these rays could be of assistance in the treatment of pulmonary tuberculosis. The results in gonorrhœal peritonitis and catarrhal inflammation of the deep urethra and adjacent structures are encouraging, and justify further trials. The author believes that the ultra-violet rays will be of benefit in gonorrhœal and tuberculous infections of the joints; also that the pains accompanying locomotor ataxia may be relieved and controlled.—*Medical Record*.

ANTITUBERCULOSIS WORK IN THE UNITED STATES.

S. A. Knopf, New York City (*Journal A. M. A.*, February 11), reports progress in the organization of the medical profession and the public against tuberculosis in the last few years, including a list of the special sanatoria for patients suffering from this disease in the United States and Canada. These appear under various names—hospital, sanatorium, sanitarium home, etc. The proper designation, he holds is sanatorium, derived from the Latin word *sanare*, “to heal,” while sanitarium evidently comes from the Latin *sanitas*, “health” and is usually employed to designate some specially healthful locality suitable for convalescent patients or an institution for the care of nervous and mental diseases. That this is coming to be the general understanding of the term is shown by the adoption of the word sanatorium by all the more recent establishments and some of the old ones. The term “Home” suggests an asylum, a place which the patient will enter and never leave, and from his observation he does not think that these

institutions, as a rule, are as well equipped for curative purposes as are the regular sanatoria. One institution on his list is a seaside sanatorium for tuberculous children, an institution of special value for this class of cases. Multiple institutions for scrofulous children will be required in the fight against consumption. He speaks highly of special tuberculosis dispensaries, a number of which have been established in the large cities, and he thinks that special wards in general hospitals for this class of cases are next best, though not equal to special institutions. Isolation of consumptives in asylums and prisons is desirable, and Dr. Knopf commends the Agricultural Colony connected with the Texas prison as a worthy example. He holds also that such establishments would be of great advantage to indigent convalescents discharged from sanatoria, especially those who had formerly followed unhealthy occupations. He pleads for the co-operation of the various boards throughout the country in combating the ravages of tuberculosis.

SURGERY.

STERILE WATER ANÆSTHESIA IN OPERATIONS UPON THE RECTUM AND ANUS.

S. G. Gant describes the excellent results he has had in substituting plain sterile water for cocaine and other solutions that are in vogue for the production of local anæsthesia. The method has been found of such value that the author has been able by its means to operate upon most rectal cases without a general anæsthetic or sending them to a hospital, circumstances much appreciated especially by the better class of patients. Anæsthesia apparently is produced merely by the pressure of the fluid on the nerve terminals in the tissues, and sufficient water should be introduced thoroughly to distend the tissues, causing them to become anæmic and assume a glassy, whitish appearance, when anæsthesia immediately follows. This distention does not require a large amount of water, from ten minims to half a drachm only being necessary for small hemorrhoidal tumors, and from one-half to four drachms in more extensive operations. In introducing the water it is not always necessary to use more force than is usually employed in making the ordinary hypodermic injection. In conclusion, the writer states that, while anæsthesia by the injection of sterile water is not effective and cannot be applied in all

major operations, he has employed it, to the exclusion of general and local medicinal anæsthetics, in nearly all of his operations upon the rectum (for hemorrhoids, fistula, fissures, etc.), and with such gratifying results that he would heartily recommend its thorough trial by other surgeons for operations in the anorectal and other regions of the body. —*Medical Record*, October 29, 1904.

CONDITIONS SIMULATING AND MISTAKEN FOR ACUTE APPENDICITIS.

H. Roth gives in detail the histories of nine cases in which inflammation of the appendicular region was simulated by various other conditions, and discusses the points of differential diagnosis involved in each instance. The list includes, cholecystitis, intermittent hydronephrosis, intussusception, two cases of inflammatory disease of the uterine adnexa, ovarian cyst with twisted pedicle causing general peritonitis, a prevesical and a properitoneal abscess, and pneumonia. —*Medical Record*, October 29, 1904.

THE ROLE OF THE PROSTATE IN AFFECTIONS OF THE URINARY TRACT.

Abr. L. Wolbarst discusses the anatomical and functional peculiarities of the prostate which give it a double role, for, although a sexual organ in health, in disease it is essentially a urinary organ. The author's conclusions are summed up as follows:

Urinary symptoms are most often directly due to prostatic disease. Any pathological lesion of the prostate which increases its size favors interference with the urinary stream to a greater or lesser degree. Inflammation of the prostate is always accompanied by urinary symptoms. The genital symptoms are least marked. In reference to gonorrhœa, the prostatic urethra is the most important portion of the urinary tract; it is the favorite seat of chronic urethritis: it is the way by which the inflammation travels from the urinary to the genital tract. The prostate is solely responsible for the important urinary conditions which result as a consequence of its senile hypertrophy. Prostatic concretions may lodge in the bladder and act as the nucleus of larger vesical calculi. Chronic contracture of the bladder neck, neuralgia of the prostatic urethra, prostatic tuberculosis, malignant prostatic disease, prostatic cysts and trauma of the organ, are all made evident by their effect on the urinary function. Lastly,

these numerous urinary affections justify the consideration of the prostate as a urinary organ, second only to the kidneys in importance. —*Medical Record*, October 29, 1904.

THYROIDECTOMY FOR EXOPHTHALMIC GOITRE. BASED UPON FORTY OPERATIVE CASES.

Charles H. Mayo says that many patients with exophthalmic goitre belong properly to the internist, and recover under various plans of medical treatment, but some resist all efforts at relief. To the surgical procedures that have been employed the author adds the use of the x-ray, which he has tried in ten cases. While it is too early to say that any of these patients are cured, they have certainly been markedly benefited; first, in the general nervousness; second, in tremor of the muscles; third, in tachycardia; and last, in the exophthalmus. The benefit is sufficient soon to give this method a place in the treatment of Graves' disease, or at least to make it a preparatory treatment to a prospective surgical method at a later period. In the author's series of forty operative cases of exophthalmic goitre six deaths occurred, only two of these coming within the last twenty-five cases. The operations on the cervical sympathetic are not objected to, as it is certain that good results are thus obtained, but the author prefers extirpation as the routine operation. The Kocher collar incision is used, and a complete exposure of the gland made, cutting through everything which impedes access to it. One-half the gland and possibly the isthmus is taken. Thyroidism of some degree is common, and its prophylaxis requires free drainage of the wound and infusion of salt solution. The cases have shown marked improvement of all who survived the operation. Of these, 50 per cent. made a very early recovery especially of the severe symptoms—tachycardia, nervousness and tremor; 25 per cent. did so after several months, and 25 per cent. were improved, yet suffered from irregular recurrence of some of the major symptoms.

The author's rules concerning the cases of Graves' disease which come for operation, are to operate, if their condition is fair, but if the pulse is from 130 to 160, or if it suddenly fluctuates in tension and rapidity, if there is anæmia, with swelling of the feet, the patients are placed upon belladonna for some days. The more severe types are also given x-ray exposures in addition, which is continued from two to six weeks.—*Medical Record*, November 5, 1904.

UTERINE RETRODEVIATIONS.

Lucy Waite, Chicago, (*Journal, A. M. A.*, February 11), discusses whether operations for these conditions are necessary: whether they are safe surgical procedures, and whether they have been sufficiently successful to warrant their advocacy in the future. She answers each question in the negative. In 1,000 cases taken from the records of her clinic, 39 per cent. were found with retrodeviation. In 15 per cent. of these there were no gynecologic symptoms. The remainder were recorded as complicated with definite pathologic conditions, tumors, pyosalpinx, chronic disease of ovaries, myometritis, etc. She notes the effects of fixation on an organ, the interference with circulation, etc., and from all the data in her observation and from what she has found in the literature, she concludes that a normal uterus may lie in any position in the pelvis without causing symptoms, and that when these occur they are due to other pathologic complications. This answers her first question. As regards the safety of the operation of ventrofixation, she quotes from numerous authorities showing its effects on the progress of pregnancy and delivery, and the dangers of strangulation, leius, etc. Vaginal fixation is almost as bad in its results as ventrosuspension, and the best that can be said of the methods of shortening the round ligaments is that they are not dangerous excepting by weakening the abdominal wall and increasing the risk of hernia. On the other hand, they are unsuccessful in a large percentage of cases and, in view of the answer to the first question, are unnecessary.

PROSTATECTOMY.

In the weakest and most run-down cases M. B. Tinker, Ithaca, N. Y., (*Journal A. M. A.*, February 11). has employed permanent suprapubic drainage. This is rapidly performed under eucaïn, and he thinks it is the safest of all procedures. Except in absolutely desperate cases, he believes prostatectomy under local anesthesia is safe as compared with the operation under general anesthesia. The use of adrenalin with the ordinary local anesthesia greatly prolongs and adds to its efficiency, prevents the pain and congestion following, and renders the operation almost bloodless. The knowledge of the nervous anatomy of the parts is, of course, absolutely essential, and the course

of the pudic nerve and the long pudendal nerve close to the base of the tuberosity of the ischium are important. He favors the use of Young's tractor, and recommends allowing sufficient time for the anesthetic to act before making the incision. With sensitive or nervous patients he finds it often better to use a little nitrous oxid gas or primary ether anesthesia, as the infiltrating solution can not reach the parts involved in the deeper enucleation. These parts, however, are supplied by the hypogastric plexus of the sympathetic and the discomfort is not necessarily great. He reports a case in which he thinks this method of operation was directly life saving.

BLANK CARTRIDGE TETANUS.

D. H. Dooley, Cleveland Ohio, (*Journal of the A. M. A.*, February 11), has investigated blank cartridges from several makers with special reference to their bacteriologic contents, employing cultural and incubation, as well as microscopic methods. The findings were rather negative as regards the tetanus bacillus, but the *Bacillus ærogenes capsulatus* (Welch) was present in a large proportion of the cartridges examined. Notwithstanding this fact tetanic symptoms developed in a number of the animals inoculated, and in still other animals inoculated from cultures from these. His conclusions are: 1. *B. ærogenes capsulatus* (Welch) is present in a large proportion of the wads of the three makes of the cartridges examined. 2. The wads of the Peters Company, inoculated in rats, guinea-pigs and rabbits, produced characteristic symptoms of tetanus. 3. The powder of the three varieties of cartridges examined were negative for *B. tetani* and *B. ærogenes capsulatus*. 4. My efforts at isolation of *B. tetani* from the wads have so far been unsuccessful. 5. There is abundant evidence, from clinical observations and animal experiments, that the wads of certain blank cartridges contain *B. tetani*. He says that Dr. Welch told him that he considered it diagnostic to see an animal in convulsions.

Selected Articles.

A SIMPLE METHOD FOR THE REDUCTON OF LUXATIONS OF THE HUMERUS.

By ELEANORE BOULTON, A. B., M. D., Philadelphia, Pa., U. S. A.

Though the range of motion through movement of the humerus is great, the scapula normally admits of but little motion when the humerus is held in a fixed position. In luxations of the joint, however, the range of passive scapular motion is considerable, and it has been through studies of the possibilities due to this fact that the following methods have been evolved. They are, of course, susceptible to various modifications, according to the dexterity of the surgeon. The studies have extended over a period of four years' time, and include fifteen cases of the author's and nine cases which were referred to her; this number comprising only such cases as were uncomplicated by fracture of the scapula or clavicle, or of the necks of the humerus.

I. This method is applicable to subspinous dislocations, as well as to downward and forward luxations.

The surgeon stands behind the patient, who may sit or stand, as is convenient. In performing the manipulations the writer uses the hand corresponding to the side upon which the lesion exists.

The hand of the operator is partially closed, the thumb extended, and the wrist pronated. The ball of the thumb is placed below, against, and parallel to the lower margin of the scapula on the axillary border, just external to the inferior angle.

Firm pressure is exerted, and the wrist is slowly and steadily supinated, pressure upward and inward being exerted at the same time. This manipulation, if properly performed, pushes the lower angle of the scapula upward and toward the median line, depressing the lower lip of the glenoid cavity and usually results in the prompt reduction of any variety of humeral dislocation.

In the subspinous variety, should reduction not occur, and a repetition of the manipulations bring no better result, pressure with

the other thumb upon the head of the dislocated humerus, in the direction of the long axis of the bone, should be added, inserting the digit as deeply upon the head as is possible.

II. In subcoracoid or subglenoid dislocations, the operator stands behind the patient, as before, and places his hands on the patient's shoulders, with the palm of the hand at the base of the ring finger resting upon the acromion process of the scapula, the ball of the finger being placed below the clavicle. The ball of the middle finger is placed just above the clavicle, and that of the thumb beneath the spine of the scapula as far toward the inner end of the spine as is compatible with stability of position. The fingers should be slightly flexed, but not enough so as to interfere with firm pressure on the acromion process, nor so much so as to substitute the tips for the balls of the digits. The elbows should be extended. Quick but steady pressure should then be exerted in a downward, inward, and backward direction, considerable force being used.

This method has proven prompt and efficacious, even in cases in which the parts were greatly swollen from contusions sustained at the time of injury.

The following advantages are claimed for both methods:

1. There is little risk of further damage, since a short lever is used instead of a long one.
2. In cases in which fractures of the humerus or of the bones of the forearm are present, the surgeon is enabled to effect reduction in a manner which does not necessitate the handling of the limb.
3. The patient does not suffer any great amount of pain during the procedure.
4. The patient is apt to be docile, since he does not expect reduction to be effected from the rear, and without manipulation of the arm.

Under the second method, if the patient offers resistance, he ordinarily starts forward, or, if sitting, he attempts to rise, thus assisting the surgeon. *Extract from The American Journal of Medical Sciences.*

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Editorial.

RECENT RESEARCHES IN CEREBRAL LOCALIZATION.

The paper read by Dr. W. H. Hattie before the Nova Scotia Branch of the British Medical Association on "The Brain" was a digest of a few articles which have recently appeared dealing with the localization of brain function. He referred especially to an article by Dr. Alfred W. Campbell, whose views were those of an histologist, and who had found histological grounds which seemed quite sufficient to justify some modification of the commonly accepted ideas on cerebral localization. Campbell concurs with Sherrington and Grunbaum in considering that the fissure of Rolando marks the posterior border of the motor region; but he goes further in limiting representation of the primary movements to the precentral gyre, while more complicated movements (those which require finer adjustments) are represented in a strip of cortex just anterior to this convolution. The post-central gyrus has to do with the recognition of the simplest elements of common sensation, while just posterior to this gyre is an area which deals with "more complex components, such as the recognition and orientation of cutaneous pressure and the appreciation of the position and condition of our minds—components all of which involve a psychic process." In the same way, the special sensations—sight and hearing at least—are represented by rather limited areas for the reception of the impulses while larger "investing" areas deal with the differentiation and complete recognition of the impressions. The interesting suggestion is made that inasmuch as a large portion

of the brain to which function has not yet been definitely assigned is bounded in front by the zone of common sensation, behind by the visual area, below by the auditory area, and internally by the olfactory area, it might be that this part of the cerebrum has to do with the association of the various impressions brought in by the different sense-organs, and consequently may play an important part in the higher mental processes.

Reference was also made to Adamkiewicz's work on the cerebellum. The studies of this investigator have led him to believe that motion *as motion* is represented in the cerebellum, and that the motor function of the cerebrum is purely physical. The centres in the cerebellum are on the same side as the muscular groups to which they transmit impulses. Another investigator whose work was referred to is Pagano, who also considers that motion is represented in the cerebellum.

LICENSING OPTICIANS.

In this issue we publish Dr. Van Fleet's letter to the medical profession of New York State which refers to the defeat of a bill in the New York Legislature—a bill introduced by a certain class of opticians of that state.

We call the attention of our readers to this letter and its timely remarks just at this time, because a similar bill has been prepared by the opticians of this city and will be introduced into our legislature this session. Efforts have been made in various countries by opticians to gain recognition from parliament, but with the exception of four Western states they have failed. In no British country has any legislation been effected in the interest of opticians.

These philanthropic opticians wish to save the country from the ravages of the wandering optical fakirs who roam freely and unmolested all over this country. In this respect their case is a meritorious one, but on the other hand these roaming opticians are just as competent and just as incompetent as their stationary brethren.

This matter does not only concern the oculist but the general practitioner as well. The advertisements of these people in the daily press reveal the fact that they endeavour to get into their clutches every person who has the slightest symptom of a headache, dizzi-

ness, etc., which in many cases are due to affections other than those of the eye.

This question is of special interest to our oculists who have to devote five or six years in recognized medical schools in preparation for their work, of which refraction forms one of the most difficult and important parts. The average optician attends a so-called "Optical College," for two or three weeks, and receives a worthless diploma which he proudly displays in his front window.

It is the duty of every member of the profession to use his influence to defeat this Optical Bill, which, if it becomes law, will establish a new and very undesirable profession.

THE COLCHESTER ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

The trend of the time in the matter of consumption has again been indicated by the formation, a few weeks since, of the Colchester Association for the Prevention of Tuberculosis. The association will aim at supplying all sufferers from tuberculosis with literature of a suitable nature, showing them among other things how to avoid the infection of others, and it will, where possible, send missionaries into the homes of the afflicted to give such special instructions as may appear indicated. It is also expected that every district in the county will be visited by some one qualified to address public meetings on the subject. The well known energy of its secretary, Dr. Smith L. Walker, is sufficient assurance of its success and usefulness.

The medical profession will certainly give warm support to this project, and will not only wish it well but will give, as it always has done, yeoman service on its behalf. None recognize more thoroughly than physicians the momentous nature of the questions, medical, philanthropic and economical, involved in the problem of tuberculosis.

We will hope, however, that in its zeal—which in other respects seems very commendable—the Colchester Association will not permit its "missionaries" to usurp the place of the physician to the extent of dictating instructions which properly and rightfully fall within his province.

In the appeal made by the new association to the public, it is stated that the records of one undertaken in Colchester County show that two out of every nine deaths coming within his purview have been

due to tuberculosis. This is certainly a much greater percentage than for the Dominion at large, and it would be interesting to know how it compares with the ratio in other sections of the province.

In this connection it is gratifying to be able to state that the rate of maintenance at the Provincial Sanatorium at Kentville has been reduced from \$8.00 to \$5.00 per week, and that an arrangement has been effected whereby persons unable to pay anything may be supported at the expense of the municipality to which they belong, in somewhat the same manner as obtains in the case of indigent patients who seek treatment at the Nova Scotia Hospital. We understand, also, that the government has now under consideration a plan which considers the appointment of a number of examiners in easily accessible centres. We are sure that this movement on the part of the government will be hailed with satisfaction by the profession throughout the province.

An important element in the reduction of the prevalence of tuberculosis is the prevention of its admission. This has been realized too late by many a "health resort," which has gained its popularity at the expense of general infection of its own population. Attention was wisely directed to this phase of the problem by Mr. Mayo Robson, when addressing a meeting held on behalf of the establishment of a sanatorium in British Columbia in August last. It is a matter which should have the very careful consideration of our immigration authorities, surpassing as it does in seriousness several of the disorders over which they now exercise such strict control.

This is a matter which might perhaps be worthy the consideration of the members of the Canadian Association for the Prevention of Consumption at its annual meeting to be held in March, the announcement of which appears elsewhere in our present issue.

CANADIAN MEDICAL ASSOCIATION.

There are still six months between us and the meeting of the Canadian Medical Association in Halifax, next August. But time flies, and if we are to try and make this meeting a useful and happy one, we must bestir ourselves.

Arrangements are now being made with the leading railway and

steamship lines, and a series of entertainments and excursions is being planned by the executive, but as the exact nature of these is not yet definitely decided on, any announcement would be premature. We may, however, say that our favourable attention has been given to the idea of an excursion to the famous "Look off", near Cape Blomidon, including the charming towns, of Wolfville, Kentville and Canning, the romantic Valley of the Gaspereaux, and the historic ground of Grand Pré.

It is hoped that the customary reduction in railway fares may be extended, so that members who come from the Far West, and from middle Canada, may, if they choose, continue their journey to Cape Breton, see the beauty and grandeur of the Bras d'Or, and visit the memorable ruins of Louisburg.

We have already announced the readers of the Addresses in Surgery, Gynecology and Ophthalmology, these being respectively by Mr. Francis M. Caird of Edinburgh, Dr. Howard A. Kelly of Baltimore, and Dr. J. W. Stirling of Montreal. We now have much pleasure in stating that the Address in Medicine will be delivered by Dr. D. A. Campbell of Halifax.

Dr. Primrose, of Toronto, will introduce a discussion on "The Surgery of the Kidney and Ureter." We hope soon to be able to give the names of other leading men who will be with us.

The question of meeting in sections has been discussed: the most favoured plan being to institute two sections—Surgery and Medicine. The Addresses would be delivered before the whole Association, while other communications would be read, according to their tenour, in one of the two sections. It is only in this way that the large number of papers expected, can be read and discussed.

Last, but by no means least, we must bear in mind the financial outlay requisite for entertaining, in a suitable manner, colleagues from the other provinces. The Nova Scotia Medical Society has undertaken the position of host, and we trust each member of the profession will consider it a privilege to assist. From the various county medical societies, come encouraging promises: in those counties where there are no societies we must look to individuals.

Society Meetings.

THE AMERICAN ANTI-TUBERCULOSIS LEAGUE.

The next meeting of the American Anti-Tuberculosis League, will be held in Atlanta, Ga., April 17th to 19th, 1905.

Governor J. M. Terrell has tendered the Hall of the House of Representatives to the Georgia State Capitol for the use of the League during the meeting; he will deliver an address to the League on the first morning, as will other distinguished men.

The opening session is intended to be a broad one, in an educational sense, and the heads of the largest educational institutions of the United States will be invited to be present.

Reduced rates will be had on all roads. Hotel rates will also be made special for visitors. Over 1000 delegates representing the leading national and state medical societies have been enrolled.

Papers have been promised for this meeting of unusual interest by Doctors J. Riviere and Guillian Livet, of Paris, the latter giving a new treatment for consumption, which has been tested in his clinic for the past two years and has never before been published.

Papers by the most distinguished men in the United States have been promised.

The Atlanta Chamber of Commerce will tender a reception to the visiting members.

A ladies reception committee will tender a reception to visitors and see that their wives and families are cared for.

We earnestly request every member of the medical profession of the United States and Canada, who is interested in the prevention of tuberculosis, and who has the good of humanity at heart, to be with us and help us with this great work which we have started so auspiciously and for which there is such a great field for suffering humanity.—GEO. BROWN, M. D., President and Executive Officer.

N. S- BRANCH BRITISH MEDICAL ASSOCIATION.

February 8th.—Meeting held at Council Chamber, City Hall, the President, Dr. C. D. Murray, in the chair.

Dr. Doyle referred to the offer of the Canadian Life Insurance Association to the Medical Society of Nova Scotia for life insurance examinations. It was decided to defer the matter till a future meeting.

Dr. Goodwin gave notice of motion re changing of examiners by life insurance companies.

Dr. Doyle then read a paper entitled, "Degenerations in the Spinal Cord." He first took up the gross and minute anatomy of the spinal cord in some detail, using colored illustrations, and afterwards considered some of the pathological conditions found.

Dr. Hattie, referring to the structure of the indirect motor tract, cited authorities for the view that it is composed of at least four sets of neurons, and that these were probably connected by protoplasmic bridges. He also discussed the pathology of tabes dorsalis, giving the views of Church, Bruce, and others.

The President spoke of two cases of amyotrophic lateral sclerosis at present under his care at the Victoria General Hospital. He hoped to exhibit these cases at a future meeting.

Dr. Chisholm referred to a case which he had recently seen. It was a child with spastic paralysis of one arm, which disappeared on distracting the child's attention, and during sleep. There was also paralysis of the face on the opposite side.

Dr. Doyle closed the discussion, answering several questions asked by the members present.

Dr. Hattie invited the branch to hold the the next meeting at the Nova Scotia Hospital.

Personals.

Dr. C. P. Bissett, M. P. P., is to be warmly commended for his able speech at the opening of the House of Assembly. The profession of this province may be congratulated on having such an enthusiastic representative, who can be relied on to champion their rights in legislative matters.

Our deep sympathy is extended to Dr. J. Ross Millar, of Amherst, in the death of his mother.

Dr. E. V. Hogan is now convalescent from a severe attack of tonsillitis.

D. L. J. O'Shaughnessy has recovered from an attack of pneumonia which kept him in the house for three weeks.

Dr. F. S. Yorston, of Truro, has been seriously ill with pneumonia following la grippe. Latest reports give the cheering news of recovery.

Dr. C. D. Murray is confined to the house with an attack of gastro-enteritis.

Obituary.

Dr. James Bowser.—We regret to record the death of Dr. James Bowser, of Rexton, Kent Co., New Brunswick, which took place on the 13th of January after an illness of three years. He was in his forty-fifth year, and was a son of the late William Bowser, a well-known merchant of Kent County. Before settling in Rexton, Dr. Bowser practised his profession in Sackville and Kingston, N. Y., where for some time he was an eye and ear specialist. He was a man of high standing and much looked up to in the community to which he belonged.

Book Reviews.

Practical Medicine.—Edited by RAM NARAIN, DELHI, INDIA. This is a monthly journal published in far-away India, and is one of the most practical exchanges that come to our office. Its articles are concise, and many hints in therapeutics are contained in the pages of every issue.

The Delineator.—Young housekeepers will discover a fund of information in the papers contributed to *The Delineator* by Isabel Gordon Ourtis under the title "The Making of a Housewife," giving in the March number a lesson in the meat market. The hints are practical and helpful. Other topics of domestic interest, especially during the Lenten season, are "Attractive Fish for Lenten Days," illustrating and describing a number of delicate ways of preparing fish, and a variety of recipes under the headings "Fruit and Vegetable Salads," "Codfish Variations," and "Eggs—from a Hygienic Standpoint."

Therapeutic Notes.

A CASE OF PNEUMONIA FOLLOWING SEVERE TYPHOID :—RECOVERY. (FROM A CORRESPONDENT IN FLORIDA.)—J. B. W., White male, age 30 yrs., was recovering from a severe case of typhoid. On the 36th day his temperature was normal. On the 39th day it again began to rise and in a few days had reached 104.5, the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and

severe drain upon its resources incident to the typhoid, his condition presented a very alarming, not to say desperate situation.

Counsel was called and it was decided that his only hope lay in the generous use of Antiphlogistine. A "large" package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80°. A cotton lined cheese-cloth jacket, open upon the shoulders and in front was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine, as hot as could be borne, was spread upon the skin about $\frac{1}{4}$ inch thick, over as much of the thoracic walls as could be reached (back, front, side and over the shoulders). This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down in front with stout thread. It is proper to say the entire contents of the 34½ oz. package (large) was used for the one dressing.

The effect was surprisingly prompt. In a few hours, the temperature had declined to a point of safety, and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked, and in six days the patient was again convalescent, thanks to Antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like every thing else worth while it must be properly used if the best results are to be obtained.

LA GRIPPE AND ITS SEQUELE AGAIN PREVALENT.—The following suggestions for the treatment of La Grippe will not be amiss at this time, when there seems to be a prevalence of it, and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give an antikamnia tablet, with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If, after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are antikamnia and quinine tablets. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*" has found much benefit to result from antikamnia and salol tablets in the stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two antikamnia and codeine tablets, slowly dissolved upon the tongue, swallowing the saliva.

VIOLATES THE RULE OF A LIFETIME.—I violate the rule of a lifetime, in saying a word for Sanmetto, but being fully convinced, as I am, of its worth and purity, and knowing, as we all do, its essential components, I feel I am justified in saying that I have never found it to fail me in time of need.

Paw Paw, Mich.

WILBUR F. HOYT, M. D.





THE LATE MR. PHILIP CHISHOLM,
who died recently at the advanced age of 102 years. He was the father of Dr.
Murdoch Chisholm, of this city. (Photo taken one year ago.)

THE MARITIME MEDICAL NEWS.

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No. 3.

Original Communications.

TREATMENT OF CASES BY THE X-RAYS.*

By H. D. WEAVER, M. D., Halifax, N. S.

As we have now quite a number of X-ray machines in these provinces, I thought a discussion about the value of the X-rays in treatment might be in order. I have now treated for a longer or shorter time in my own practice and in the hospital some 46 cases. They have varied from some that received three or four treatments to one that was exposed 88 times and under treatment 21 months. I might say that I have had a number of cases of severe dermatitis, and in one case where I was pushing the treatment to destroy a small malignant nodule, I got a typical case of x-ray burn or "white gangrene", about as large as a twenty-five cent piece. It was painful and so we had it removed, and the remains of the tumor at the same time. This was case No. 7. The lady died about six months afterwards from some peculiar head symptoms that came on suddenly, which the doctor in attendance thought might be due to a metastasis to the brain, but there was no local recurrence.

The following is a list of all the cases I have had under treatment with the exception of a few at the hospital and elsewhere, who have only received one or two treatments and then discontinued..

*Read by title Maritime Medical Association, July, 1904, and since brought down to date.

TREATMENT OF CASES BY THE X-RAYS.

Diseases.	Hospital or Private	Name.	Remarks on first seeing case	Number of Treatments	Result.	Remarks after treating case.
Hypertrichosis.	Priv.	1 Miss C—	Hair on upper lip and chin. Blonde.	33 treats.	Patient pleased.	Finished 17 months ago. No recurrence of consequence.
"	"	2 Miss H. C—	Same as last only not as extensive. Sister to No. 1.	12 "	"	"
"	"	3 Miss D—	On upper lip only. Brunette.	56 "	Very good indeed.	Finished treatment about 15 months ago. " " 23 " Lip looks as well as in any ordinary girl. Same as last.
"	"	4 Miss C. D—	Same as last. Sister.	54 "	"	"
"	"	5 Miss S—	Upper lip and chin. Brunette.	18 "	Fair.	There was a good deal of reaction which has affected the skin a little. Finished treatment 6 months ago. Only gave treatment to ease pain. Died six months afterwards, but no recurrence locally. See note.
Carcinoma of Breast	Hosp. Priv	6 Mrs. McD— 7 Mrs. C—	Very advanced. Recurrent.	6 " 30 "	Doubtful. Fair results.	
"	"	8 Mrs. I—	Primary. Very advanced.	22 "	Seemed to do well at first, but not much later.	
"	"	9 Mrs. M—	Recurrent twice after operation.	88 " and operat.	Has held disease in check.	Has been treated 23 months, but is losing ground now.
" of Jaw.	Hosp.	10 Mr. K—	Very advanced, sloughing	5 treats.	No appreciable results.	
" of Breast.	"	11 Mrs. McL—	Breast removed, then rays put on.	12 "	Looking well.	The rays were used for their prophylactic effect here.

Epithelioma of Tongue.	Priv.	12 Mr. J—	Been operated on twice, very advanced.	66	“	Checked and relieved pain	But there was so much hemorrhage that she left hospital and went home.
“ “ “	Hosp.	13 Mrs. S—	Very advanced.	6	“	Improved a little.	But stopped treatment before it was destroyed, so will probably recur.
“ “ Lip.	Priv.	14 Mr. A—	Fairly “	13	“	Very good.	But still under treatment.
“ “ Neck.	“	15 Mrs. O—	Advanced, twice recurred after operation.	38	“	Improved at first.	But was recurring a little lately and so was curretted, after which she went home.
“ “ Breast.	Hosp.	16 Mrs. R—	Large sloughing ulcer.	8 treats.	“	Apparently cured.	
Rodent Ulcer.	Priv.	17 Mr. V—	Early case.	22	“	“	
“ “ “	“	18 Mr. S—	“ “	30	“	“	
“ “ “	Hosp.	19 Mrs. McG—	Not very early.	8	“	Much improved.	
Epithelioma of Neck.	“	20 Mr. P—	On site of old burn on cheek.	5	“	Eased pain.	Came in for broken leg and after- wards left hospital.
“ “ “	“	21 Mr. McD—	Very advanced.	41	“	Kept back disease.	Went home.
Scirrhus	Priv.	22 Miss H—	Advanced, recurrent.	52	“	Improved.	Improved a good deal at first, but later gradually got worse.
Ulcerated Leg.	“	23 Mrs. G—	Probably malignant.	20	“	Very greatly improved.	Left for England before I had finish- ed treatment; some months after- wards said it had not troubled her since the treatments.
Eczema Scalp.	“	24 Mrs. J—	Of nine years standing.	16	“	Greatly improved.	Had to leave off on account of busi- ness before we had finished treat- ment.
Keloid.	“	25 Mr. J. N—	Several years standing.	30	“	“	But a very poor subject.
Lupus.	Hosp.	26 Mr. H—	“ “	40&43	“	Apparently cured.	See note.
“ “ “	P. & H.	27 A. M—	“ “	26	“	“	
Rodent Ulcer.	Priv.	28 Miss L—	On sole of foot.	33&30	“	Improved, but far from well.	After first course of 33 treatments he left hospital for three months and came back much worse.
“ “ “	Hosp.	29 Mr. G—	Left cheek and under eye, very advanced.	to end yr.	“	Same as last.	Same as last.
“ “ “	“	30 Mrs. O. B—	Left cheek and nose very advanced.	23&32	“	Same as last.	
Lupus Erythem- atosus.	“	31 Mrs. B—	Patches all over face.	to end yr. 15 treats.	“	Much improved after some reaction.	Also under Dr. Ross's care.

TREATMENT OF CASES BY X-RAYS.—(Continued.)

Diseases.	Hospital or Private.	Name.	Remarks on first seeing case	Number of Treatments	Result.	Remarks after treating case.
Enlarged Glands of Neck	Hosp.	32 Mrs. B—	Enlarged glands and sin- uses both sides of neck.	20	Apparently cured.	
" " "	Priv.	33 Miss T—	Suppurating glands on right cheek.	6	Improving.	Still under treatment.
Cystic condition of upper Lip.	"	34 Mrs. I—	Much inflamed, round, sus- picion of malignancy.	9	Apparently cured.	Used electrolysis as well.
Nævus.	"	35 Mr. Y—	On right cheek.	25	Improved.	Seemed difficult to affect.
Clavus.	Priv.	36 Mrs. U—	Both feet very painful.	9	Very good.	I also used salicylic acid and paring.
Laryngeal Tuberculosis.	"	37 Mr. D—	Very painful.	4	No result.	Patient was too weak to come.
Leucoderma.	"	38 Miss R—	Right cheek and neck.	14	Very little change.	
Sinus in Back.	Hosp.	39 Mr. N—	Running sinus after in- jury.	18	No certain result.	
Indolent Ulcer of Septum.	Priv.	40 Mr. D—	Sent to stimulate.	4	Apparently cured.	Used aristol to cleanse cavity.
Tubercular knee	"	41 J. C—	Very enlarged.	13	Perhaps slightly improved	Patient got tired of treatment.
Epilepsy.	"	42 Mr. S—	Very anxious to try treat- ment.	20&15	Uncertain.	See note.
Bad Neuralgia.	"	43 Miss M—	Had had Gasserian gang- lion removed.	8	"	But was also under treatment in the skin department.
Dermatitis Herpetiformis	"	44 Mr. M—	Used for itching.	9	Itching was not so bad.	But got tired of treatment and went home before we had finished treat- ment.
Additional	"	45 Mrs. S—	Upper part nose.	20	Improved.	Still under treatment.
Rodent Ulcer. Roseola like Patch.	"	46 Mr. R—	On tip and right side of nose.	10	Improved.	

Again, to make a few comments upon the cases treated.

First, the hypertrichosis cases have been fairly successful, but the length of time that the treatment takes, also the risk of severe dermatitis, the extreme pigmentation (in some cases it lasts for weeks), are great objections.

In all or nearly all the cases of carcinomata, the relief of pain, and the satisfaction to the patient in feeling that the disease was being fought, have been a great gain. And in several cases I am sure that life has been greatly prolonged, but I think it is unlikely that any of the cases I have mentioned will be ultimately cured.

With regard to No. 9, Mrs. N—: she had two operations, the first in 1900 on her breast and later some glands removed from her neck, before I saw her. My note of her condition when she was sent to me is—"There is a large part of the left breast covered by a scar and surrounding that there is an area of skin, red and inflamed, with a number of small nodules in it. After the first few weeks' treatment with the x-rays, there was some reaction with dermatitis, and when that had subsided the skin around the scar became smooth and the nodules disappeared. Afterwards, whenever any nodules showed on that breast, we put on the rays for a short time which usually caused them to flatten out quickly. I was thinking of recommending another operation to remove some more of the glands over the left shoulder, when unfortunately we discovered in February 1904, a rapidly growing tumor in the right breast. The tumor with but little of the breast tissue was removed about the end of last March. Since then she has had occasional alternate treatments on the two breasts until about the middle of last December; from that time she has hardly felt strong enough to come for treatment.

The early cases of rodent ulcer and epitheliomata have done well with the rays; though in the advanced cases the rays seem to hold the disease in check it is often difficult to get it entirely destroyed.

With regard to case 27, A. M.:—he was first sent to me over two years ago from the hospital, with ulcerated patches from the toes to the knee on one leg and also two on the forearm. He got along very well but got impatient to get home, so that we let him go as soon as ever the last patch had healed over. The consequence was we had him back last spring with the patches that healed last broken out and spreading, whereas the others were all right. We used the ultra-violet

rays on the arm and the x-rays on the leg. The arm healed a good deal the first; after that we gave it also some of the x-rays for fear that the ultra-violet might not be sufficiently penetrating.

Case 42, Mr. S—: I told him frankly that I did not expect much result, but he was still anxious to try. However, considering the way the rays effect the nerve ending in cancers and other painful diseases, it would not seem surprising if they should effect the cells of the cortex of the brain.

In conclusion, I would urge on surgeons where possible to use the rays as a prophylactic measure after operation in all cases of malignant disease.



THE PRACTICE OF MEDICINE IN INDIA.*

By ANNA M. FULLERTON, M. D., Ludhiana, Punjab, India.

The practice of medicine in India (at least in the portions of the country which are entirely native in their environment and customs) cannot be said to be alluring to the purely scientific physicians. Almost insurmountable obstacles to the achievement of professional success are offered by the social conditions of the country and the grinding poverty of the mass of the people. A fanatical adherence to ancient customs and religious beliefs defies the laws of science at every point.

One who has lived in India and learned to know its people, is not surprised that years of strenuous effort on the part of the English Government have not sufficed to suppress the terrible epidemics of cholera and plague which decimate the land. The European officials there do not dare to live within the precincts of a native city. What is known as the European settlement is usually two or three miles away from it. Here the foreign officials build their homes, protecting themselves, so far as possible, from prevailing diseases, by modern methods of sanitation. Mission work, however, must be carried on nearer the place of need, hence we find all mission institutions established, close to or within the walls of the native city. Tourists, for this reason, often fail to come in touch with missionary enterprise.

The streets of Indian cities are thronged with cases of remediable disease which, through neglect or improper treatment, have become irremediable—women maimed for life through brutality; little children, hopelessly blind, deaf or disfigured for lack of care. Disease is, of course, of much more frequent occurrence in a land where no knowledge of preventive medicine exists; and where superstitions of the people and their barbarous religious practices are at the root of much of the evil. The symptoms of disease are usually also seen in a much more aggravated form.

Scurvy, diarrhœa and gangrene, the result of chronic starvation, abound. It is a well-known fact that one-fifth of the population (about 60 millions) are insufficiently fed, even in ordinary years of

*Read by Invitation, before the Philadelphia County Medical Society, January 11.

prosperity. A large number of the people can obtain but one scant meal a day. According to the last census, there are nearly 300,000,000 people in the country. A few "nabobs" and "rajahs" have enjoyed the possession of immense treasures, but the people, as a whole, grovel in the lowest depths of penury and want.

The average income of the common laborer in India is between four and five rupees, or \$1.50 per month.

The inhabitants of the land are a rural people. Nine-tenths of the population are said to live in towns of less than 5,000 inhabitants.

Famines are of frequent occurrence and constitute a most perplexing evil. These must continue to menace the country so long as people, weakened by hunger and disease, must strive to wrest their food, by means of artificial irrigation, from a land parched by frequent droughts.

Plague, the eruptive fevers and pulmonary diseases, including tuberculosis, are especially prevalent and fatal during the rainy seasons and winters—when the people must crowd into their close, filthy homes (occupied in common with their domestic animals, as cows, buffaloes, goats, etc.) in order to escape the inclemency of the weather.

Dysentery, cholera and other intestinal affections with fevers, chiefly of malarial type, are the scourges of the long, hot seasons.

Manifestations of demon-possession are among the curious phenomena not infrequently met with. These appear to be but aggravated forms of hysteria, the result of the terrorism induced by the belief in the existence of cruel and vindictive gods, who are ever seeking to do them hurt.

Fortune-telling by omens and astrology is constantly resorted to, and adds to the state of dread in which the average Hindu lives. Let a lizard fall from the ceiling on his head, and he fears death; if it fall on his nose, disease. If an ass brays in the east, success in his enterprises will be delayed; if in the southeast, death is imminent; if in the west, some disturbance will occur. Sneezing and the howling of dogs forebode evil tidings.

Surgical diseases and accidents are most common. The performance of surgical operations, however, is consigned to the barber. His resources are limited to blood-letting, the application of leeches or the use of the actual cautery.

For tumors, ovarian, fibroid and malignant, he can do nothing, hence one meets with immense growths, accompanied often by com-

plications which preclude successful treatment. When the fear with which all surgery requiring the use of the knife can be overcome, the "foreign doctor" may win for himself undying fame by his achievements in this line of work. Because of an entire disregard of surgical cleanliness, the number of cases of wounds in which worms are bred is very great.

Skin diseases, including leprosy and the cutaneous manifestations of syphilis, are very common.

There is no proper system of medical practice among the people themselves. Herb-doctors, called "hakims," vaunt themselves in every community and combine with their practice priestly chants and incantations, with offerings to the gods.

But, perhaps, I have told enough to prove that one who would practice medicine for the benefit of India's millions, must be *philanthropist* and *educator*, as well as *healer*. I should like, however, to speak of the needs of India's women. According to the last census, there are about 120,000,000 women in India. Of this number 50,000,000 are zenana prisoners—the high caste, secluded women, to whom male physicians can never have access. Only through the medium of ignorant, untrained midwives can these poor women be cared for. This fact, combined with the practice of child-marriage, is a source of suffering, the extent of which cannot be computed. Brahmin girls must be married between the ages of seven and eleven.

It would be impossible to give an adequate idea of the tragedies in this connection, with which a woman physician meets—the shocking mutilations which often render repair of any kind impossible. The prevalence of rickets and scrofula among the Hindu women, is thought to be largely due to the custom of early marriage, for the demands of maternity are made upon a system in which the bones and other tissues are not yet fully developed, hence the offspring is insufficiently nourished and that at the expense of the mother.

Sir John Strachey says, with regard to the custom: "It would be difficult to imagine anything more abominable than the frequent consequences of child marriage, by which multitudes of girls of ten or twelve, or less, are given over to outrage; or, if they belong to the higher class of Hindus, are doomed to lives of degraded widowhood." Another writer says: "The Indian government has endeavoured to remove this evil, but at all points it has been opposed, not only by conservative orthodox Hindus, but also by educated members of the

community. One of the consequences is that girls of even twelve years are known to become mothers in that land, while very few attain the age of eighteen without bearing children. An increasing population under these physical conditions cannot be a healthy or a vigorous one."

In my own experience in gynecologic work in India, I have found that it is the tendency of these early marriages to make women sterile. The first conception often terminates in a miscarriage. Superinvolution of the uterus often follows the first birth or the first miscarriage, and renders subsequent impregnation impossible.

The children who are born to these immature mothers are weak and puny, and females rather than males. This gives rise to much domestic unhappiness, as every Hindu must, if possible, leave a male heir. If his first wife does not present him with a son in seven years after marriage, he may take another wife every succeeding seven years, until a son is born.

The English Government has made noble efforts to provide suitable medical aid for the people, by establishing hospitals and dispensaries in the largest towns. Medical colleges have also been erected in such cities as Calcutta, Bombay, Agra, Lahore and Madras. In these institutions native men and women who have sufficient education, may be trained for medical service. Three grades of workers are trained: Hospital assistants, assistant surgeons and bachelors of medicine. Hospitals assistants are expected to act as superintendents of hospitals or dispensaries under the supervision of an assistant surgeon, or of the European civil surgeon in a station. Major operative work is expected to be done by the latter. Civil surgeons (chiefly Europeans) are assigned to every large city—especially those having any European residents. For the amelioration of women, special hospitals have been established in many towns. These are called "Dufferin Hospitals" in honor of Lady Dufferin, the wife of a former Viceroy, who was instrumental in starting a fund for the purpose.

Unfortunately the majority of these institutions are superintended by Hindu and Mohammedan medical assistants, who retain the caste prejudices and religious superstitions of their people, and who have not the moral qualifications for positions of trust. Low caste people or outcasts fare badly at their hands. Government hospitals exclude religious teaching from their wards, and this, we feel, weakens their

power of good among a people so intensely religious as the Hindus are, for it prevents the effort to introduce reforms which are dependent upon the overthrow of the religious superstitions of the people.

Religious fanaticism circumvents the efforts of the English Government to stamp out plague, cholera and other filth diseases.

The dense ignorance of the mass of the people and their indescribably filthy habits of life, can only be combatted by patient, disinterested methods of teaching them and lifting them out of their degradation and misery. It is the employment of such methods that renders missionary enterprise so helpful and so efficient in foreign lands. It is told of Darwin, that after visiting Terra del Fuegos, he told the missionaries laboring there, that they might as well pack up their things and return to their native land, for the people of the place were too degraded to be benefited by their ministrations. Some years afterward, so marked did he find the change in the Terra del Fuegians to be, that he sent a donation of twenty-five dollars to the secretary of the missionary society laboring there, and kept this up as a yearly contribution until the time of his death.

One of India's greatest statesmen, Sir John Laurence, has said : "In my judgment Christian missions have done more real lasting good to the people of India, than all other agencies combined."

Mission hospitals and dispensaries are scattered at various points, throughout the country, and are really doing more than almost any other institutions to bring Western ideas into favour with the people. The crying need is for more helpers in this field, and more means.

A most important institution is the Medical School for Women at Ludhiana, in the Punjab, opened a few years since by a committee of medical and educational missionaries. This school is international and interdenominational, and has for its object the training of medical helpers for the mission hospitals and dispensaries, especially in connection with the "zenana work," or work for women. The school is affiliated with the Government Medical College in Lahore, up to the hospital assistant degree. Were five or six medical missionary women from Great Britain or America to join the staff of the school, complete affiliation would be made possible; and could the institution receive an endowment sufficient to place it beyond all financial embarrassment, its usefulness would be multiplied many times. There are many physicians in our fair land who do not need to employ their time and talents in self-support. To such, the opportunities I have mentioned for the employment of medical science in the uplifting of humanity, must strongly appeal, for physicians must ever be found in the vanguard of civilization.

ADDRESS.

By DR. F. E. DANIEL, of Austin, Texas, President elect of the American International Congress on Tuberculosis, St. Louis, October 5, 1904.

Mr. Chairman and Gentlemen :

The distinguished honor it has been your pleasure to confer upon me is unexpected as it is undeserved. Your selection should have fallen upon one abler and better known than myself, and a representative from one of the older States. It should have been conferred upon some distinguished man who, by his work, is more fully identified with the subject. There are many here better fitted for it and better entitled to the honor than myself; there are those who have the time and the special fitness and the means to bestow upon the great work we have undertaken. I seriously mistrust my ability to meet your expectations. But on my interest, nay, enthusiasm in the cause there is no discount. In an humble way and a limited sphere I have done my best for the cause. I have sown seeds, most of which have fallen, I fear, in stony places, and I see few results. It is a matter of pride with me, however, to believe that some have fallen in good soil and have borne fruit. It is no spirit of vanity, but one of pardonable pride, to say that I believe I was the first one to advocate and urge a radical change in the construction and equipment of sleeping cars. Fifteen years ago I began the campaign, and have pushed it constantly by tongue and pen. The sleeping cars in general use are overheated, badly ventilated and equipped with furnishings that harbor the germs of disease, and they can not be entirely disinfected. One literally takes his life in his hand when he sleeps in one of them. I advocated an aseptic car—roomy, well ventilated and equipped with rattan and linen, and rubber, instead of woollens, plush and fancy carvings. You may imagine my delight when on starting to St. Louis I found myself in my ideal car, my dream, on that model and progressive railroad, the "Texas Road," the great I. & G. N., of which all Texas is justly proud. This road, upon the advice of its chief surgeon, Dr. W. G. Jameson, who is today present as a delegate to this Congress, was the first railroad in the world, so far as I know, to disinfect sleeping cars by formaldehyde, and Texas has the proud

distinction of being the first State to pass a law requiring it. It is not vanity, but a justifiable pride that claims for my advocacy a part, at least, of the credit for that reform.

In accepting the honor you have conferred upon me—and the burden—I will, in the future, as in the past, do all in my power to carry forward the great and glorious work of sanitary reform. Preventive medicine with this Congress, aims primarily at that fell destroyer of human life,—consumption. We are confronted with a vast problem and have undertaken a Herculean task. We are but a handful, it is true, but in this assemblage of earnest workers, lay and medical sanitarians of recognized ability and renown, what potentiality resides and what achievements may result, is beyond conjecture. The pilgrim fathers were but a handful, but they reclaimed this great continent from the savages. The pioneers who pushed across the waste places—the deadly deserts and the formidable Rockies were but a handful, but they won the great West—the future home of teeming millions, and gave to our energies and products an outlet on the great Pacific. We are but a handful, but, undismayed, we have entered upon the mighty work for humanity and race integrity, encouraged rather, by the record in recent years, of sanitary science, which has banished smallpox, banished yellow fever, disarmed of their terrors diphtheria, and even bubonic plague. We are encouraged, moreover, by the alliance already made, this first meeting, with the National Association of Civil Engineers. We are honored this afternoon by the presence of their representatives in the person of their President and Secretary, who came to assure us of their co-operation and support. Already, too, we have attracted and won to this Congress the great Fraternal League of America, a consolidated body of all the fraternities, whose membership now reaches five and a half millions, and who have been fighting consumption single-handed. They have joined forces with this Congress, and we welcome them gladly. They will co-operate with us and will be represented in our next assembly. And last, and the most gratifying of all, we have effected an alliance with and secured the support and co-operation of the Women, the Iowa Society of Medical, fittingly represented on this floor in the charming person of their delegates. God bless them all!

"They talk about a woman's sphere
As though it had a limit;
There's not a place in earth or heaven,
There's not a task to mankind given,
There's not a blessing or a woe,
There's not a whisper, yes or no,
There's not a life, there's not a birth,
That has a feather's weight of worth—
Without a woman in it."

Thus, as in world-building, a nucleus, a center of attraction, has drawn to it independent and detached particles and forces, and acquired increased momentum. Thus will the work of this Congress go on until it will unify all the leagues and other organizations for war against the giant, consumption; and like a mighty river it will go on and on with a rush and resistless force till the great humanitarian end is reached, till consumption shall be circumscribed and inhibited in its deadly work. It must be rendered powerless for harm. Not only is it the deplorable loss of life every year that is so appalling, but where one dies there are perhaps a dozen sick and incapacitated, yet who transmit at least the predisposition, a weakened vitality to coming generations. This threatens our race integrity. The public health is the foundation upon which depend the strength, efficiency, progress, even the existence of a State or nation. Given strong, healthy units and we have a strong, aggressive and progressive civilization. An enfeebled nation never carried the blessings of civilization to a benighted world or held its place in the struggle for existence or supremacy.

But this brings up a consideration of that deeper problem—not the arrest of the spread of the infection, but the eradication of the disease. This problem lies at the root of our social fabric; consumption is a disease of civilization, and is inherent in our lives and industries. It is a house disease, and flourishes because of unsanitary dwellings and factories, and modes of travel, of living and labor. And here is where the engineers come in; here is where their labors touch ours. They are the most powerful factories in that reform which alone can diminish, not to say eradicate, the disease. They have to do with construction of buildings for living and labor; with sewers and waterworks—those great purifiers; with heating and ventilation; with plumbing and drainage, and with street cleaning, hence with dust, the great and terrible distributor of infection. The government should have the supervision under a capable and honest engineer—of

the construction of all buildings, public and private, for residence or work, and especially of those of the laboring classes. No soulless landlord should be permitted to crowd tenement houses on insufficient ground to deprive the poor of God's sunlight and air. An abundance of both, with plenty of pure water, is a God-given right. Crowding of whole families into one small apartment, where they eat sleep and work in a suffocating dark air, should be prohibited, for there is the hot-bed of the disease, there the monster, tuberculosis, has his lair. Already much has been done in this direction in New York, and the death rate of consumption has materially decreased.

It is comparatively easy to prevent the spread of the infection under favorable circumstances. The poison is in the sputa, and, if this be destroyed, the consumptive is powerless for harm. It is a mistake to suppose that the disease is contagious; it is in no sense contagious, but is infectious, and therefore communicable. The infectious element must be destroyed so it cannot be communicated to the well. It is not "catching", it cannot be caught merely by contact. It can not be acquired simply by contact, and it is an open question still if it can be transmitted by other means than by the introduction into the lungs of the tubercle bacilli, most frequently in dust. And even then there must be a suitable nidus, or it will not germinate. Healthy persons have, in many instances, the living germs in the mouth and throat; but still the consumptive should in a measure be separated from the other members of the family, for breathing his expired air may communicate the disease; hence the danger of crowding. Sunlight and air, while a vital necessity, will not disinfect a room.

But it takes authority and means to enforce even the simplest precautions, and somebody must think and act for the toiling millions—the understratum of society—who occupy the slums and other unsanitary places. They can not be reached by any "Campaign of Education." You can not reach them with your literature, and, if you could, they would not read or understand it, and they are powerless to act. The government should be paternal, and take care of them, if not for their own sake, for the protection of the public and in the interest of race integrity.

And here let me sound a note of warning. In all reforms there is apt to be a reaction, and, in striking at one evil, we are apt to create another. We are apt to go to extremes. Witness the French Revolution as an illustration. When, revolting against centuries of oppres-

sion and wrong, the people rose in rebellion; when the Jacobins had overthrown the conservatives, the Girondins, when the French King and Queen had been led to the scaffold, when the aristocracy had been exterminated, mad with the lust of blood, the revolutionists turned upon each other, and a reign of terror followed which shocked and paralyzed the civilized world. Let us be careful that in our crusade against the disease, consumption, we do not make war upon and wrong and outrage the consumptive. He is not a subject for quarantine. It is not a quarantinable disease. He is not, like a leper, unclean, and to be shunned like a pestilence. If the poison he expectorates and the air vitiated by his breath be avoided, he is as powerless for harm as this table. He should not be shut out from your States. In Colorado and in California and in Texas many, very many of the best citizens went there either invalids from consumption, or for the health of some member of the family. The Commission of Immigration in June, 1902, on an opinion of the then Attorney General, decided that consumption comes within the scope of the Federal law excluding immigrants suffering with "a contagious disease dangerous to the public health," and under this ruling an immigrant was actually separated from his family and not allowed to land, but was sent back whence he came.* This is a great wrong, an injustice, and such exclusion by any State will work wrong and injury and inhumanity. California should welcome the consumptives, but not by quarantine.** They should be segregated, if bed-ridden, and given the benefit of the pure air and sun and wholesome fruits of that God-favoured clime.

I have spoken longer than I intended. I am full of the subject, and "out of the fullness of the heart the mouth speaketh." I take up the burden you have placed on my shoulders, and enter into the great work with hope and encouragement. I ask you to hold up my hands even to the going down of the sun, and the battle for humanity will be won.

To the attainment of the great ends for which this Congress was created, I dedicate the remaining years of my life, and pledge my most earnest endeavors.—*From Transactions, American International Congress on Tuberculosis.*

*Since this address was delivered a distinguished Judge from Tahiti, suffering with consumption, was on his way to Europe, via San Francisco and New York. The California authorities refused him permission to land and cross the continent to New York.—ED.

**California delegates advised exclusion of consumptives, or putting them in State lazaretto.—ED.

A CASE OF PERINEPHRITIC ABSCESS.

By E. D. FARRELL, M. D., Halifax, N. S.

On the evening of January 12th 1905, I was called to see a young man, aged 21 years, complaining of nausea, vomiting, pain in the abdomen, which was most severe on the right side, and also a slight pain at the end of micturition. He gave a history of hard work as a machinist for some years, and stated that his illness was due to a strain from a heavy lift, which had occurred about a week earlier. On examination, his tongue was coated, temperature 103, pulse 90, there was marked rigidity of the abdominal muscles of the right side, tenderness on pressure; tenderness, however, was not localized especially at McBurney's point. Urinary analysis was negative with the exception of an abundance of urates. Respiratory and cardiac systems negative. Sputum negative. Patient was very tall and thin, looking somewhat overgrown, and there was a strong tubercular family history. He was placed on salines and hot poultices applied over the abdomen.

He remained in this condition, the painful micturition clearing up however, in a few days, temperature ranging between 100 and 103, pulse 90 to 100 for ten days. Then Dr. John Stewart saw him with me and we were after the consultation divided between three conditions: that is appendicitis, psoas abscess and abscess in connection with kidney. Dr. Stewart advised watching him for a short while. He again saw him with me a week later when there had developed on palpation a well defined mass which extended from McBurney's point back to the loin, and was most marked just below the right kidney posteriorly.

He was admitted on the following day to the Halifax Infirmary, and a sterile aspirating needle introduced just below the right kidney behind, and about an ounce of pus withdrawn, which Dr. L. M. Murray very kindly immediately examined for me, finding, the staphylococcus pyogenes aureus in abundance; this ruled out fairly well psoas abscess which rarely if ever contains pus cocci before operation; also appendicitis which would have shown almost certainly the colon bacillus, and therefore I came to the conclusion that it was an abscess

in connection with the kidney, although all along I was quite firmly convinced that it was an appendicitis which had gone on to abscess formation and burrowed backward.

Patient was given chloroform by Dr. L. M. Murray and, assisted by Dr. T. J. Murphy, I made an incision as for nephrectomy extending from the tip of the last rib to a point just above the anterior superior spine of the ilium, with the convexity downwards, and exposed the kidney. The capsule was greatly thickened, and attached to the lower extremity of the kidney was a large abscess which was opened and discharged freely ; a gauze drain was introduced and the wound left open.

Patient is still at the Infirmary. The abscess cavity which extended very freely and deeply is almost completely healed. The temperature and pulse are normal and he is gaining weight and strength rapidly.

I am reporting the case as it appeared interesting from a diagnostic point and to illustrate the great assistance gained from the bacteriological examination.



GREEN-STICK FRACTURE OF BOTH BONES OF LEFT FOREARM IN A GIRL AGED FOURTEEN AND A HALF YEARS.

By W. D. FINN, M. D., Halifax, N. S.

On January 20th a young girl of about fourteen and a half years slipped and fell on the icy sidewalk. At time of falling she had her left hand in left pocket of her sacque. She stated that her arm doubled up under her when she fell.

On examination I found the left forearm painful but not very much swollen. It was twisted and bent so as to form a figure resembling an exaggerated figure of the letter S, with a shortening of about five inches. The condition was one of true green-stick fracture of both bones of forearm.

Chloroform was administered, and, with the assistance of Dr. L. M. Murray, the deformity was reduced by bending the bones slowly and gradually into normal position, at same time making extension from the wrist, and counter-extension from elbow. Flat lateral splints, with a slight ridge running down the centre, were applied, with the forearm midway between complete supination and pronation. Splints were held in place with strips of adhesive plaster and the arm carried in a sling. Removed splints on fifth day. Applied massage and passive motion(pronation and supination) every day afterwards, replacing splints each time. Ordered elix. glycero. phos. co., aq. calcis, and lots of nourishing food. At end of five weeks removed all dressing. Good result.

Green-stick fracture of forearm is common up to the twelfth year; it is rare to find it at a later age. Some writers are of the opinion that most cases of apparent infractions are in reality transverse fractures with slight displacement; but in the case reported above, the radius and ulna would have to be fractured in half a dozen places to give such a deformity as described in my case.

Selected Articles.

WHEN NOT TO OPERATE IN APPENDICITIS.*

By ROBERT T. MORRIS, M. D., New York City. Professor of Surgery in the New York Post-Graduate Medical School.

In the American Journal of Surgery and Gynecology for December, 1904, Dr. Horace G. Wetherell of Denver corroborates the views of Dr. A. J. Ochsner of Chicago on the subject of the starvation-method of treatment in appendicitis.

Dr. Wetherell's article is interesting and valuable, but unfair to some of the men who have done wheel-horse work in the field of appendicitis. Thus, he quotes Dr. Ochsner's mortality rate of 2½ per cent in a series of 1,000 appendicitis cases of all sorts, and says: "Compare this with the best reported results of any of the radicals, and you will find their lowest to be 10 to 15 per cent mortality." A man occupying a teaching position has no right to say things like that. Now I am one of the "radicals," if you please. Has Dr. Wetherell read the statistics of a 2 per cent mortality list published in my book on appendicitis (Putnam's Third Edition. 1889.)? The report of that series of cases was received at that day and time with such incredulity and opposition that it even jeopardized my chances for entrance into two of the social clubs in New York, and cut down my practice to such an extent that it became a serious matter indeed. One writer felt that the amenities of the situation made it proper for him to publish in the Medical Record of December 12, 1896, a statement that "such fanciful statistics" meant selection of cases, and that operation had been refused in serious cases. Said he: "The figures are vain-glorious cheats as tests of comparative skill." As a matter of fact, the list was of a consecutive series of all the appendicitis cases that I had seen during the period covered by the statistics. No patient had been refused operation. The argument had not been made by me for the purpose of showing my superior skill, any more than Dr. Ochsner's report was made from such motives, and for such an object. Both reports, I am sure, were made for the purpose of showing the advantages of methods which could give such results, and in the hope that surgeons would be pleased to have the facts for

their own disposal. The Medical Record letter placed a distinct obstacle in the way of acceptance of the principles involved; and it was quoted extensively. One of my German friends said that he cared nothing for statistics, and that he preferred to stick to principles. I do not know if he is still sticking to what he was pleased to call "principles," or if he has reformed and is now saving his patients, and avoiding hernia.

The principles which I advocated were briefly:

1. Employment of short incisions, and working by touch instead of sight, for the purpose of avoiding the shock and the development of post-operative ventral hernia.
2. Avoiding the use of gauze packing which caused shock, favored the formation of post-operative ventral hernia, and of troublesome adhesions.
3. Avoiding the use of iodoform gauze which had a special death-rate of its own.
4. Avoiding flushing or sponging of the peritoneum, and depending upon hyperleucocytosis to care for septic material left in the peritoneal cavity.
5. Rapid operating: getting in and out quickly; being careful not to do too much; and leaving the patient's natural resistance-factors in command of the situation.

At that time all of my positions were being vigorously shelled by surgeons who advanced under the protecting fire to gradually occupy the same positions, and to-day, although the fight cost me thousands of dollars in money, loss of prestige and of friendships, there is satisfaction in knowing that the death-rate and the hernia-rate have been reduced to small percentages at the hands of very many surgeons.

On my table is a reprint from an article published in the Medical News for July 2, 1904, by Dr. L. W. Hotchkiss, who states that at one of his hospitals, where emergency cases furnish a large part of the work, his mortality-rate in appendicitis previous to 1898 was 31 per cent, under the accepted methods of the day. Since adopting methods which he formerly considered to be unsafe and dangerous, he has had no mortality in his last seventy-two cases, although twenty-six were of gangrenous appendices, with or without perforation, and fifteen were of gangrenous appendices with spreading peritonitis.

After bearing the scars and dust of the contest I do not like to have anyone in a teaching position say at this late day that the

statistics of the "radicals" show from 10 to 15 per cent mortality rate at the lowest. The statistics of some of us show as low a mortality rate as do the figures of Dr. Ochsner. Dr. Ochsner's methods are, nevertheless, to be commended as representing the highest class of work, and every member of the profession who has not read his original paper on the subject of the starvation method of treatment (Medical News, 1903, Vol. lxxxii) has missed something important. The trouble is that physicians who have not read the paper and who do not quote Dr. Ochsner at first hand, apply what they call the starvation-treatment, and the result is, in this vicinity, at least, a distinct set-back to the cause of progress in appendicitis work. It is not generally understood that Dr. Ochsner says clearly: (1) Chronic appendicitis calls for operation. (2) Acute appendicitis cases should have operation as soon as the diagnosis is made, if infection is still limited to the appendix region. (3) Starvation-treatment is reserved for cases in which general peritoneal infection is under way; and even in these cases it is often desirable to open abscesses and to institute drainage in connection with the starvation treatment. (4) "Starvation treatment cannot supplant operative treatment in acute appendicitis. It should be used to reduce the mortality in the class of cases in which mortality is greatest."

In this connection I would state that my nurses and assistants at the hospital have been given the special instructions of Dr. Ochsner, but I prefer to do a quick operation in cases in which he would wait.

At the Atlantic City meeting the chairman called "Time" just as I had reached the subject of starvation treatment, and the single sentence that was uttered did not represent what was about to be said.

Dr. Wetherell says: "There is another time when not to operate in appendicitis, and that is when the patient is about to die. No good and much harm to the cause of surgery and humanity may be done thereby." Now, who can tell when the patient is "about to die?" Is it not true that the so-called "safe operation" refers to the surgeon's reputation rather than to the patient's interests? Personally, I have used "bad surgical judgment" in every desperate case of appendicitis to which I have ever been called, if the patient was still breathing when we got to the house or to the hospital. The pulse could not be counted in some of the cases. It is wonderful how some of these moribund patients will respond to an intravenous saline infusion in advance of operation, and to a five or ten minute operation. The

gratitude of some of these patients, and of their families, well repays one for proceeding in cases that have been deserted by surgeons who preferred "safe operations."

If I were to be obliged to devote the rest of my life to three kinds of surgical cases, I would choose appendicitis with peritonitis, cholecystitis with stones in the common duct, and pyosalpinx with firm old adhesions.

The fight over methods of treatment in appendicitis is about finished in New York, but the new feature of accurate palpation of the appendix is making a lot of trouble for some of us who have taken pains to acquire methods for the purpose. The work is called "buncomb" at present, but this will soon be past, and all that is necessary is for one to keep good-natured. When Auerbrugger in 1754 discovered the value of percussion of the chest, he was treated with animosity, disdain and ridicule, and had to wait nearly ten years before Ludwig came forward as a champion. In these later days the adoption of the Baconian method of exact research in scientific matters makes short work of questions in dispute, and all that is necessary is for teachers to become familiar with what is published.

I have no objection to the opposition that has been brought to bear against any of the new features of surgical practice that I have farthered at various times, as it is necessary in a profession where so many fanciful things are thrust upon us by well meaning advocates. All of the strong men who have fought me have had the same experience themselves in some other field. A sound idea will care for itself, even though its sponsor has to suffer the common and desirable results of its presentation. There is no objection to opposition, but there is objection to wrong and misleading statements. —*American Journal of Surgery and Gynecology.*

OF INTEREST TO M. D.'S.

(*St., John Globe March 4th.*)

A JUDGMENT BY JUDGE FORBES.

Judge Forbes gave judgment to-day in the case of Pinault vs Goelette, a review from Stipendary Murray's court for the Parish of Addington in the county of Restigouche. This case came up for hearing on the 28th of January, Mr. H. Forbes for the plaintiff and Mr. McLatchy for the defendant. Judge Forbes said: "This is an action by a doctor for his services in a medical capacity, he having performed an operation on the defendant's wife. There is no dispute that the operation was performed by the plaintiff and that it was successful, nor that the charge was other than fair and reasonable. One Dr. Doucette was employed under what he alleges was a contract, to cure the defendant's wife for the sum of \$20. It also appears in evidence that the plaintiff performed the operation at the request of Dr. Doucette, who swears that he advised the defendant of this and did so with his full knowledge and consent. If we believe Dr. Doucette it is clear no medical man could possibly perform this operation alone. Two were necessary, one to administer the anæsthetic and one to perform the operation. The operation was performed and successfully, and the plaintiff brings his action against the defendant for his professional charges, which, according to the evidence, are reasonable and proper charges. It appears the plaintiff has repeatedly rendered a bill to the defendant for his services, and fearing there might be some mistake, sent him one by registered letter. To these the defendant made no reply repudiating liability, or notifying the plaintiff that he was not liable. It may be agreed that he was not bound to repudiate his liability, yet it seems to me any honest man would at the earliest possible moment repudiate any liability in the matter, and inform the plaintiff of his agreement with Dr. Doucette. In the case of Emery vs. The Dominion Bank, Can. Sup. Ct. Rep., Vol. 35, p. 133, the court held that a neglect on the part of the defendant to repudiate a note in two days which he claimed was a forgery, was a waiver, and he was precluded from giving evidence that the same was a forgery."

The real question to be determined in this case was there an express or implied authority by the defendant to Dr. Doucette to employ an expert. This must in some measure be judged by the character of the work he was employed to do. I am of the opinion that the employment of Dr. Doucette implied to him authority to employ such means and assistance as in his judgment was necessary. I take it from the nature of the case that plaintiff was properly and legally employed to perform the operation, which seems to have been skillfully and properly done.

In the case *Gibbon vs. Bunn*, 2 H. & C., p. 92, in the Exchequer Court, we find laid down by Baron Pollock that a physician who attends a patient professionally can recover his fees without an express contract.

In Rogers "The Law and Medical Men" (published by Carswell & Co., in 1884) p. 23 and 24, the doctrine is laid down that "The physician called in for consultation or to perform an operation may recover his fee from the patient, notwithstanding the attending physician summoned him in for his own benefit and had arranged with the patient he himself would pay," and cites a number of American authorities in support of that proposition.

In *Garrey vs. Stadler*, a case on all fours with this case, if the evidence of the defendant is believed, Judge Taylor in delivering the opinion of the Supreme Court of Iowa lays down the doctrine "That a consulting physician who at the request of the attending physician and with the consent of the patient renders services to the patient, may recover from the patient although the attending surgeon has agreed with the patient to pay therefore, but without the knowledge of the consulting surgeon." 58 Iowa Reports, p. 878.

Shelton vs. Johnston, 40 Iowa Reports p. 84, lays down the rule: "If the plaintiff has been called to visit the defendant by one having no pretext of agency or authority to do so, and defendant had without objection received the services of the plaintiff, the law would imply a promise to pay what the same is reasonably worth."

In the case of *Garrey vs. Stadler*, Judge Taylor, in delivering the judgment of the court, says: "This rule is peculiarly applied to the services of a physician. We think we are justified in assuming that it is quite exceptional for members of that profession to undertake the treatment of their patients on special contracts by which they are to be paid a sum in gross, and by which they bind themselves personally

with their patients to pay for any needed assistance in proper treatment of the case, and when such a case does occur in the profession, it is an exceptional and unusual case and one of which another physician called in consultation or otherwise is not bound to inform himself before rendering the required services."

There can be no hardship in this case by reversing the judgment, as it appears the defendant has paid no part of Dr. Doucette's bill except \$10. for board, so that in the event of Dr. Doucette claiming payment of his bill, the defendant can, if he can establish a contract such as he alleges, set off the amount he is called upon to pay the plaintiff, as an answer to such claim.

The English and American Encyclopædia of Law, vol. 22. p. 792, holds to the doctrine as laid down in *Garrey vs. Stadler*, and it commends itself to me as reasonable and just.

In this case the consulting physician was introduced to the defendant the day on which the operation was performed. The plaintiff thrice sent the defendant his bill for his services, and no claim was even set up that there was an agreement that Dr. Doucette was to pay for the assisting surgeon's services.

I am therefore of the opinion that this judgment should be set aside and a verdict entered for the plaintiff for \$20. and costs.



Retrospect Department.

MEDICINE.

TYPHOID FEVER.

WILLIAM ROYAL STOKES, Baltimore (*Journal A. M. A.*, February 25), has studied the etiology of several epidemics of typhoid. In the first two reported the infection was traced to springs, and in the second of these all other possibilities were fairly excluded. Another epidemic was clearly traced to the milk supply and has already been reported by Fulton. A rather striking fact in this connection was the infection of a number of female factory employees who were supplied a dairy lunch, while the men, not supplied, entirely escaped. A small outbreak occurred in a suburban community is noteworthy on account of the long periods of incubation, 23 and 28 days in two cases. The last epidemic reported occurred among students in a college and was traced to a student returning from Christmas vacation at home. The sewage was infected from this case and the seepage from the sewer infected the spring. Only those who drank this water took the disease, and the epidemic ceased as soon as its use was discontinued. In all these epidemics the water or the milk supply was thoroughly examined bacteriologically, and the findings corresponded with the result, the colon bacillus being present in all the infected fluids. The article shows the value of thorough sanitary surveys in typhoid epidemics.

MULTIPLE NEURITIS.

WHARTON SINKLER, Philadelphia (*Journal A. M. A.*, February 25), after discussing the various causes of multiple neuritis, such as alcohol—by far the most frequent—coal-gas poisoning, carbon disulphid, metallic poisons, white lead, copper, phosphorus, mercury, etc., calls attention to the use of patent medicines containing alcohol as a possibility. He reports a case due to the use of arsenic as a medicine in a child treated for chorea, and refers also to the epidemic traced to arsenic in the glucose used for making beer, which was reported in England in 1899. He also refers to infectious diseases as a cause of this condition and reports four cases from an apparently

hitherto unrecorded cause, namely, puerperal septicemia. In conclusion he reports a case of unknown origin, one of a class that is rather difficult to diagnose from Landry's disease except by the later involvement of the bulb in the latter affection.

VALEDICTORY ADDRESS AT JOHNS HOPKINS UNIVERSITY.

The Journal of the A. M. A., prints in full, March 4, the valedictory address of Dr. Osler of Johns Hopkins University, which has been quoted and misquoted in the daily press. He deals with some of the problems of university life and states that at times the loss of a professor may be of benefit to a university. He states that to a man of active mind too long attachment to one college is apt to breed self-satisfaction, to foster a local spirit, and to promote senility. He said that much of the phenomenal success of Johns Hopkins University has been due to the concentration of a group of intellectual men, without local ties, whose operations were not restricted and who were willing to serve faithfully in whatever field of action they were placed. Dr. Osler advised the interchange of teachers, both national and international, and even advised the changing of college presidents now and then "for the good of the exchequer." He said that intellectual infantilism and progeria were two appalling maladies due to careless habits "of intellectual feeding." As a prophylactic measure he advised visiting other universities and colleges, both at home and abroad. He said that it is a very serious matter to have all the professors in a university growing old at the same time, and said that there should be a fixed period for the teacher, either of time of service or of age. He spoke of the comparative uselessness of men above 40 years of age, and said that to modify an old saying, "A man is sane morally at thirty, rich mentally at forty, wise spiritually at fifty—or never." He said that the young man should be encouraged and afforded every possible chance to show what is in him, and that the chief value of the teacher, who is no longer a productive factor, is to determine whether the thoughts which the young men are bringing to the light are false idols or true and noble ideas. He said that it would be of incalculable benefit, in commercial, political and professional life if men would retire from work at the age of 60. He said that the teacher's life should have three periods, study until 25, investigation until 40, profession until 60, at which age he would have him retired on a double allowance. He went at some length into the his

tory of the Johns Hopkins Medical School, mentioning the strict entrance requirements and the scientific teaching in laboratory work especially. He dwelt on the necessity for practical training in the hospital wards as well as in the laboratories and class rooms. He said that the faculty of Johns Hopkins University has been blessed with two remarkable presidents, who have been a stimulus in every department, and that the good fellowship and harmony among the faculty has been delightful.

FRESH COLD AIR TREATMENT OF PNEUMONIA IN INFANTS.

W. P. Northrup reports two cases of pneumonia in infants, in which the windows of the sick room were kept open day and night; both children recovered. He believes it will become more and more the rule to treat pneumonia in this way. Cool, pure air, he says, reddens the blood, stimulates the heart, improves digestion, quiets restlessness, and aids in overcoming toxemia. He concludes with the following prescription for killing a baby with pneumonia: Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing) room at 80° F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105° F. make a poultice thick, hot, and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait.—*Medical Record*, February 18, 1905.

A STUDY OF FIFTEEN CASES OF ERYSIPELAS TREATED BY INJECTIONS OF ANTISTREPTOCOCCUS SERUM.

J. C. Ayer compares the results in fifteen cases of erysipelas treated by means of Marimorek's serum with those obtained in seventy-nine cases managed by the usual methods in vogue before the introduction of serum therapy. The conclusions reached are as follows: (1) That the administration of antistreptococcus serum shortens considerably the course of uncomplicated attacks of erysipelas. (2) That it tends to inhibit extension of the disease. (3) That it has a strikingly beneficial effect upon the general condition of the patient, reducing the temperature, pain and discomfort incidental to the disease. (4) That it rapidly reduces the pathological leucocytosis. (5) That it prevents or suppresses febrile albuminuria. (6) That its use is attended with no danger, even in large doses. (7) That the only disagreeable symptom referable to the serum observed by the writer is a transient eruption which occasionally occurs at the site of the injection. (8) That the efficacy of the serum treatment is in direct ratio to the length of time which has elapsed between the onset of the disease and the first injection of serum.—*Medical Record*, March 4, 1905.

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., MARCH, 1905.

No. 3.

Editorial.

THE OPTICAL BILL.

Considerable attention has been given in the press of this city to the "Optical Bill," so called, now under consideration by the Legislature. Generally the views expressed, even by laymen, are antagonistic to its provisions, and properly so; while in one case only is the measure spoken of favorably, and it may be doubted in this instance if the source of the article is a wholly disinterested one.

It seems scarcely necessary to give reasons to our readers why this measure should not become law, for the utter absurdity is evident upon its very face. Nevertheless, it may be well to indicate the reasonable grounds upon which it should be opposed.

First, it creates an entirely new profession and commits to the exclusive care of men who, in the very nature of things, cannot be qualified to do work properly which should be in the province of highly trained and specialized physicians. And we scarcely think it necessary to remind our readers that the druggist or jeweller who spends six weeks upon a purely mechanical consideration of refraction, should not be authorized to deal with the correction of refractive errors in any manner beyond supplying glasses or other remedies upon the prescription of a trained oculist. One section of the Bill contains the stipulation that those who propose becoming so registered will refrain from the use of drugs employed to paralyze accommoda-

tion. If it be conceded that such a drug is *necessary*, then the Bill itself contains a confession that its promoters are unfit to do that which they pretend to do and affords a justification for its rejection.

These druggist-jeweller "Opticians" would have the public regard the eye as a purely physical piece of apparatus, separate and apart from the human body and capable of being so treated. On the contrary it is a highly specialized organ of the body, often yielding in its various disorders the evidence to a trained mind of organic disease not primarily in itself.

We submit therefore that to pass the Bill in question would be a retrograde step in this day and in this province which for many years has jealously guarded the interests of its citizens, and that to place the imprimatur of the Legislature upon so-called "opticians" would be nothing short of criminal. We venture to express the hope that our representatives, both lay and professional, will give the matter due consideration, and that the Bill will be defeated at the first opportunity given to do so.

CANADIAN MEDICAL ASSOCIATION.

In last issue we gave a few particulars as to the programme planned for the coming meeting of the Canadian Medical Association at Halifax in August next. Nothing further has been arranged so far, but we are pleased to know that several counties have moved in a practical way towards raising funds for the entertainmant of visitors. Let our patriotic zeal stimulate us to demonstrate fully the hospitality of the profession in this province.

Wanted—A second-hand microscope in good working order, with oil immersion lens or adapted for same. Apply, stating make and price, to "Microscope, care of MARITIME MEDICAL NEWS."

Society Meetings.

N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

Feb. 22nd. Meeting held at the Nova Scotia Hospital, Dr. T. Trenaman in the chair.

Dr. Hattie showed three cases of dementia præcox, illustrating the three different forms of the disease.

Dr. Hattie then read a most instructive paper entitled, "Adolescence." He dwelt strongly on the importance of this period and its special importance to the alienist. The avoidance at this time of any mental strain, especially where there was the taint of hereditary mental disease; also the prevention at this period of the infectious diseases, especially typhoid and scarlet fever. The increasing number of patients admitted to hospitals for mental diseases was due to the lack of attention and care at this period; to over-education on subjects which induced mental strain and to lack of proper sanitary surroundings in the school-room. The general practitioner should pay particular attention to the mental development of the children under his care, and to point out to parents and school authorities what constituted in each case strain and what subjects the child could safely take up. These few points but briefly summarize a most valuable paper on the care of the young during the period of adolescence.

The paper was discussed by several members.

Dr. A. P. Reid urged upon the society the importance of the medical profession taking up the subject of proper inspection of schools, and emphasizing its importance upon the government. He also suggested that teachers should be given a short course on the mental development of the young, so that they could avoid mental strain and subsequent mental disease among their pupils.

A vote of thanks was tendered Dr. Hattie for his valuable contribution.

Dr. Goodwin then moved, seconded by Dr. Ross, the following resolution:

"That the branch deprecates the practice of some life insurance

companies of changing or superseding medical examiners without adequate cause, the purpose often apparently being to secure new business from the additional examiner."

Discussion on this motion was deferred until next meeting.

Dr. Ross then drew the attention of the branch to a bill about to be brought before the Local Legislature by a number of opticians who desire to establish a qualifying board, to be known as the Nova Scotia Optical Society, which will give them power to regulate the sale of glasses and treat refractive conditions of the eye, with very little knowledge on the subject. The following committee was appointed to act in conjunction with committees from the Medical Society of Nova Scotia and the Provincial Medical Board to oppose the bill: Drs. Kirkpatrick, Ross, Mathers, Doyle, and Farrell.

After adjournment the members present were entertained to an excellent supper by Dr. and Mrs. Hattie.

Obituary.

Dr. E. D. Roach,—The death took place at Tatamagouche, on February 10th, 1905, of E. D. Roach, M. D., at the age of 68 years. For the last three years the doctor has been practically an invalid. During the first year or more of his illness it was sincerely hoped by his many friends that he would regain his health, and be able to resume his practice. Fate deemed otherwise, and during the last year he had gradually grown weaker and been constantly confined to bed. His sickness was a peculiar one, setting in with symptoms of la-grippe. His nervous system, taxed for years with the cares and worry of a very extensive practice, seemed called upon to bear the greater part of his illness. So far as could be ascertained by those whom he consulted, no organic disease could be discovered.

Physically he was never a rugged man, but his constitution was a remarkable one, as shown by the amount of work accomplished in a practice covering a part of three counties, and by the way he endured a long and very trying illness.

He was born in November, 1836, at Nappan, Cumberland County. His primary education was attained at the public schools and Mount Allison Academy, then, as now, one of the centres of education in the

maritime provinces. Having decided to enter the medical profession, he entered upon his studies in the office of Dr. Nathan Tupper of Amherst. From there he went to the University of Pennsylvania, where he graduated in 1860. He began the practice of his profession at Tatamagouche in March of 1861. His field of labour was a very extensive one during the greater part of his life.

Not having a rugged constitution, he found his duties very arduous at first, and was compelled to give up work for a while after having a hemorrhage of the lungs. Regaining his strength he resumed practice, which he carried on very diligently and successfully up to the time of his last illness. He was a born physician and an extensive reader of medical literature, being, as he often remarked, "wedded to his profession". He was very kind to the poor, and his popularity and success as a physician can be heartily endorsed by the people of North Colchester. In politics he was a staunch Liberal-Conservative, and at one time was offered the nomination of his party. About 1880 he was called upon to bear a great sorrow in the loss of his wife, likewise two children, (his entire family) all within three years. He was married the second time about seven years ago, his wife and a son of six years surviving him. His remains were interred at Tatamagouche.

Personals.

Dr. A. S. Kendall, M. P. P., who had a severe attack of la grippe last month has entirely recovered.

Dr. G. R. Morse, of Chester, while endeavoring to prevent the overturning of his sleigh unfortunately met with a severe accident recently, having had his thigh broken at the neck of the femur.

Dr. D. G. J. Campbell has left for Baltimore to resume post-graduate work at Johns Hopkins Hospital, Baltimore.

Dr. J. McLeod, formerly of Wallace, has just returned from London, having pursued for over a year study at the great metropolis as well as Vienna. The doctor has devoted his time to the eye, ear, nose and throat.

The News extends its sympathy to Drs. H. L. and E. E. Dickey, in the sudden death of their father. Dr. E. E. is still confined to the hospital.

Dr. H. M. Hare has gone on a two months' trip to Newfoundland. He will probably go on the "Neptune" on the next seal fishing expedition.

GENEROUS BEQUEST TO ST. JOHN GENERAL PUBLIC HOSPITAL.—**Mr. Owen Jones**, a brother-in-law of Lady Tilley, who died recently in London, left \$10,000 for the commissioners of the General Public Hospital, St. John. The money has been received and invested, pending a decision as to the use to be made of it. The probability is that it will be expended in the erection and equipment of a special surgical department.

Dr. John Stewart, President of the Canadian Medical Association has been in Montreal for two weeks.

Book Reviews.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Volume IV., fourteenth series, 1905. Published by J. B. LIPPINCOTT COMPANY, Philadelphia. Canadian Representative, Charles Roberts, Ontario street, Montreal.

The *Clinics* continues to keep up its high standard of excellence, and it is impossible to refer to more than a few of the many articles of high merit in the volume before us. Naturally our attention has been considerably absorbed in the article on "Radium: Its value in the Treatment of Lupus, Rodent Ulcer and Epithelioma, with Reports of Cases," by Dr. Myron Metzenbaum, of Cleveland. Plates showing effect of treatment are given and certainly tend to prove the beneficial effect of radium rays in the class of cases mentioned. One point of great value mentioned by the author is that "these results have been obtained with tubes of radium of low activity, costing but a few dollars, while it was supposed that only radium of high activity costing several hundred dollars a tube had any therapeutic properties." Dr. Rudolf, of Toronto University, gives a valuable contribution on "Functional Heart Murmurs; Their Causation and Diagnosis." "Lateral Curvature of the Spine" is treated in a practical way by Dr. Bradford, of the Harvard Medical School, the splendid plates illustrating the text being of a high order. "Recent Investigations Concerning the Pathology of the Infectious Diseases," by Dr. Warthin, of the University of Michigan, is a concise resumé of the latest researches in both the common and rare forms of infections. "The Ethology and Pathology of Amœbic Infection of the Intestine and Liver," by Dr. Craig, Palliologist to the U S. Army Hospital, San Francisco, occupies over forty pages. This is a comprehensive article of great merit and bearing evidence of a vast amount of labor.

In the Year 1800. The Doctor's Recreation Series, Volume III. By S. W. Kelley, M. D. Published by the SAALFIELD PUBLISHING Co., Chicago, Akron, O., and New York.

As the introduction explains, this volume deals with sundry events occurring in the life of Doctor Jonathan Brush during the year 1800. The author came into possession of a package of old papers which had evidently been written by Dr. Brush, dealing with events that transpired more than a century ago, and has arranged the material so as to form a most entertaining story. Some of the characters will be readily recognized as well-known historical personages, thus rendering the reading of more than ordinary interest. The profession will be highly pleased with its perusal, which will have the tendency—for the time being, at all events—to “brush” away every-day cares.

Therapeutic Notes.

WHAT ONE OF THE “OLD SCHOOL OF MEDICINE” SAYS ABOUT SANMETTO.—I have used Sanmetto in my practice to some extent, and find it an excellent and efficient remedy in all genito-urinary diseases, especially in enlarged prostate, with frequent micturition, and in all senile weakness. Being one of the old school of medicine from the class of 1854, Kentucky School of Medicine, at Louisville, Ky., I am cautious in prescribing proprietary medicines, though I do not hesitate in recommending the use of Sanmetto.

Martinsville, Ind.

IRWIN HIBBS, M. D.

“PAINFUL MENSTRUATION IN VIRGINS.”—Dr. Wm. Sellman, of Baltimore, read this paper and pointed out the necessity of giving relief to young unmarried women who suffered from painful menstruation. He considered the forms of dysmenorrhœa that could be relieved by operation. These means should not be of a character to unsex the patient. Lastly he spoke of that class of cases in which dysmenorrhœa was due to a general systemic neuralgia. In these cases, electricity in its different forms afford great relief. It was doubtful in many of these cases whether the removal of the appendages would accomplish anything more than bring about a premature menopause.

Dr. H. W. Longyear, of Detroit, stated that in operating, if one ovary or a part of an ovary could be saved he did so. He would enter a protest against operating on cases of dysmenorrhœa that were of short duration in young girls.

Dr. William Huniston, of Cleveland, Ohio, had seen cases with a narrow, conical os, menstruating without the least sign of distress, but the moment an inflammatory condition of the mucosa was added, that moment the patient began to have painful menstruation.

Dr. D. Tod Gillian, Columbus, Ohio, spoke of the undeveloped condition of the uterus as a cause of dysmenorrhœa. It was not the result of stenosis of the internal os, but to an unripe condition of the uterine tissues.—*Med. Review of Reviews.*

The thing that surprises us most in the above article is that not a single voice was raised to proclaim the almost magical effects of antikamnia tablets in such cases. We can readily recall quite a number of cases in which extreme suffering (dysmenorrhœa) was promptly relieved, not by operation, but by antikamnia tablets. Evidently these men were surgeons only.—*Ed. Massachusetts Med. Jour.*, January, 1905.

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No. 4.

Original Communications.

DUALITY OF MIND.*

By GEO. G. CORBET, M. D., St. John, N. B.

Our president has requested me to write a paper for this evening, giving my views on psycho-therapy, as I saw it practised by Dr. Sahler, in Kingston, N. Y., during the two weeks I was studying that subject with him. Before telling you my experiences there, it will be necessary for me to go over the groundwork, so as to try and make my subject intelligent to you. So I have chosen the above title.

Substantial progress in any science is impossible in the absence of a working hypothesis, which is universal in its application to the phenomena pertaining to the subject matter. Indeed, until such a hypothesis is discovered and formulated, no subject of human investigation can properly be said to be within the domain of the exact sciences. Thus, astronomy, previous to the promulgation of Kepler's laws and the formulation of the Newtonian hypothesis of gravitation, was in a state of chaos, and its votaries were hopelessly divided by conflicting theories. But the moment Newton promulgated his theorem, a revolution began, which eventually involved the whole scientific world. Astronomy was rescued from the domain of empiricism and became an exact science.

What the Newtonian hypothesis did for astronomy, the atomic theory has done for chemistry. The fact that the literal correctness of a given hypothesis is not demonstrable except by results,

*Read before the St. John Medical Society March 29th, 1905.

in no wise militates against its value in the domain to which it belongs. Indeed, it would cease to be a hypothesis the moment it were demonstrated. Newton's theorem is undemonstrable except from its results. Its correspondence, however, with every known fact, the facility with which astronomical calculations can be made, and the precision with which every result can be predicted, constitutes a sufficient demonstration of its substantial correctness to inspire the absolute confidence of the scientific world. It is a trite and true saying that one antagonistic fact will destroy the value of the finest theory ever evolved. It is equally impossible to demonstrate the abstract correctness of the atomic theory. An appeal to the evidence found in uniform results is all that is possible to one who would give a reason for the faith that is in him. No one ever *saw*, *felt*, *tasted*, or *smelled* an atom. It exists for man only in hypothesis. Nevertheless, the fact remains, that in all the wide range of human investigation there is not a more magnificent generalization, nor one more useful to mankind in its practical results, than the atomic theory.

The most that can be said of any scientific hypothesis is, that whether true in the abstract or not, everything happens just as though it were true. When this test of universality is applied, when no known fact remains that is unexplained by it, the world is justified in assuming it to be true, and in deducting from it even the most momentous conclusions. If, on the contrary, there is one fact pertaining to the subject-matter under investigation which remains outside the domain of the hypothesis, or which is unexplained by it, it is indubitable evidence that the hypothesis is unsafe, untrue, and consequently worthless for all practical purposes of sound reasoning. In the field of psychological investigation a satisfactory working hypothesis has never been formulated. That is to say, no theory has been advanced which embraces all psychological phenomena. Many theories have been advanced, it is true, to account for the various classes of phenomena which have been observed. Some of them are very plausible and satisfactory—to their authors when applied to a particular class of facts, but utterly fail when confronted with another class. Thus, the students of the science of hypnotism are, and since the days of Mesmer have been, hopelessly divided into schools which wage war upon each other's theories and dispute the correctness of each other's observations of facts.

Mesmer's theory of fluidic emanations, which he termed "animal magnetism," seemed to account for the facts which he observed. John Bovee Dod's electrical theory—positive lungs and negative blood,—was sufficiently plausible in its day to attract many followers. Braid's physiological explanation of certain classes of the phenomena afforded in his time much comfort to those who believe that there is nothing in man which cannot be weighed in a balance, or carved with a scalpel. In our own day we find the Paris school, which holds that hypnotism is a disease of the nervous system, that its phenomena are explicable on physiological principles and that the suggestions of the operator play but a secondary role in their production, and that they can be produced, or successfully studied, only in diseased persons.

On the other hand, the Nancy school of hypnotists holds that the science can be studied with profit only in perfectly healthy persons, and from a purely psychological standpoint, and that suggestion is the all-potent factor in the production of all hypnotic phenomena.

Another class of phenomena, about which an infinite variety of opinion prevails, may be mentioned under the general head of mental therapeutics. Under this generic title may be grouped the invocations of the gods by the Egyptian priests, the magic formulæ of the disciples of Esculapius, the sympathetic powder of Paracelsus; the King's touch for the cure of goitre, and by the systems known as mind cure, faith cure, Christian science, and suggestive therapeutics.

One fact, pregnant with importance, pertains to all these systems, and that is that marvellous cures are constantly being effected through their agencies. To the casual observer it would seem to be almost self-evident that, underlying all, there must be some one principle which, once understood, would show them to be identical as to cause and mode of operation.

What is true of the phenomena embraced under the general head of mental therapeutics is also true of the whole range of psychological phenomena, namely, the want of a working hypothesis which shall apply to all the facts that have been observed and authenticated. No successful attempt has heretofore been made to supply this want, nor has success been possible until a very recent period, for the simple reason that previous to the discovery of certain facts in psychological science the scientific world was without the necessary data from which a correct hypothesis could be formulated.

The researches of Professor Liebault in the domain of hypnotism, seconded by those of his pupil, Professor Bernheim, have resulted in discoveries which throw a flood of light on the whole field of psychological investigation, their field of observation being confined to hypnotism, chiefly as a therapeutic agent. The discovery is this: that hypnotic subjects are constantly amenable to the power of suggestion: that suggestion is the all-potent factor in the production of all hypnotic phenomena. This proposition has been demonstrated to be true beyond the possibility of a reasonable doubt. This fact supplies the missing link in the chain of propositions necessary for a complete working hypothesis for the subject under consideration.

We will now state the three main propositions:

First. The dual character of man's mental organization. Man has an objective and subjective mind.

Second. The subjective mind is constantly amenable to control by suggestion;

Third. The subjective mind is incapable of inductive reasoning.

My paper this evening will deal principally with our first proposition—*The Dual Character of Man's Mental Organization.*

Man has, or appears to have, two minds, each endowed with separate and distinct attributes and powers; each capable, under certain conditions, of independent action. It should be clearly understood at the outset that, for the purpose of arriving at a correct conclusion it is a matter of indifference whether we consider that man is endowed with two distinct minds, or that his one mind possesses certain attributes and powers under some conditions, and certain other attributes and powers under other conditions. It is sufficient to know that everything happens just as though he were endowed with a dual mental organization. This idea is far from being new. The essential truth of the proposition has been recognized by philosophers in all ages and nations of the civilized world. Plato's idea of terrestrial man was that he is a "trinity of soul, soul-body, and earth-body.

Of modern writers who accept the dual theory, Prof. Wigan, Dr. Brown-Sequard, and Prof. Proctor are notable examples.

The objective mind takes cognizance of the objective world. Its media of observation are the five physical senses. It is the outgrowth of man's physical necessities. It is his guide in his struggle

with his material environment. Its highest function is that of reasoning.

The subjective mind takes cognizance of its environment by means independent of the physical senses. It perceives by intuition. It is the seat of the emotions and storehouse of memory. It performs its highest functions when the objective senses are in abeyance. In a word, it is that intelligence which makes itself manifest in an hypnotic subject when he is in a state of somnambulism. And the real distinctive difference between the two minds seems to consist in the fact that the "objective mind" is merely the function of the physical brain; while the "subjective mind" is a distinct entity, possessing independent powers and functions, having a mental organization of its own, and being capable of sustaining an existence independently of the body. In other words, it is the soul. And the following propositions cannot be intelligently disputed :

First. That the objective mind, or let us say, man in his normal condition, is not controllable against reason, positive knowledge, or the evidence of his senses, by the suggestions of another.

Second. That the subjective mind, or man in the hypnotic state, is unqualifiedly and constantly amenable to the power of suggestion.

The two minds being possessed of independent powers and functions, it follows as a necessary corollary that the subjective mind of an individual is as amenable to the control of his own objective mind (auto-suggestion), as to the objective mind of another.

For instance, it is well known that a person cannot be hypnotized against his will. As the hypnotic condition is usually induced by the suggestion of the operator, his failure is due to the contrary auto-suggestion of the subject. One of the most important distinctions between the objective and subjective minds pertains to the function of reason :

First. The objective mind is capable of reasoning by all methods—inductive and deductive, analytic and synthetic.

Second. The subjective mind is incapable of inductive reasoning.

The subjective mind never classifies a series of known facts, and reasons from them up to general principles; but, given a general principle to start with, it will reason deductively from that down to all legitimate inferences, with a marvellous cogency and power.

It must not be understood from the statement of the general proposition regarding the subjective process of reasoning, that persons

in the subjective state necessarily go through the forms of syllogistic reasoning. On the contrary, they seldom, if ever, employ the forms of syllogism, and it is rare that their discourses are argumentative. They are generally, in fact, dogmatic to the last degree. It never seems to occur to them that what they state to be a fact can possibly be, in the slightest degree, doubtful. A doubt expressed or implied, of their perfect integrity, of the correctness of their statements, or of the genuineness of the phenomena which are being exhibited through them, invariably results in confusion and distress of mind. Hence they are incapable of controversial argument, a fact which constitutes another important distinction between the objective and subjective minds. To traverse openly the statements of a person in the subjective state, is certain to restore him to the normal condition, often with a severe nervous shock. The explanation of these facts is easy to find in the constant amenability of the subjective mind to the power of suggestion. They are speaking or acting from the standpoint of one suggestion, and to controvert it is to offer a counter suggestion which is equally potent with the first. The result is, and must necessarily be, utter confusion of mind and nervous excitement on the part of the subject.

From the above it will be seen that while the subjective mind may not employ the forms of the syllogism, its conclusions are syllogistically correct, are logically deducible from the premises imparted to it by suggestion.

One of the most striking peculiarities of the subjective mind, as distinguished from the objective, consists in its prodigious memory. It would perhaps be hazardous to say that the memory of the subjective mind is perfect, but there is good ground for believing that such a proposition would be substantially true. It must be understood that this remark applies only to the most profoundly subjective state and to the most favorable conditions. In all degrees of hypnotic sleep, however, the exaltation of the memory is one of the most pronounced of the attendant phenomena. Psychologists have recognized this phenomenon and many have declared their conviction that the minutest details of acquired knowledge are recorded upon the tablets of the mind, and that they only require favorable conditions to reveal their treasures.

Sir Wm. Hamilton, in his lectures on metaphysics, says: "The evidence on this point shows that the mind frequently contains whole

systems of knowledge, which, though in our normal state they have faded into absolute oblivion, may in certain abnormal states, as madness, febrile delirium, somnambulism, catalepsy, etc., flash out in luminous consciousness, and even throw into the shade of unconsciousness those other systems by which they had, for a long period, been eclipsed, and even extinguished. For example, there are cases in which the extinct memory of whole languages was suddenly restored and, which is still more remarkable, in which the faculty was exhibited of accurately repeating, in known or unknown tongues, passages which were never within the grasp of the conscious memory in the normal state."

A highly interesting case is given by Mr. Coleridge in his "*Biographia Literaria*" (Edit. 1847.) "It occurred," says Mr. Coleridge, "in a Roman Catholic town in Germany, a year or two before my arrival at Gottingen. A young woman, four or five and twenty, who never could read or write, was seized with a nervous fever, during which, according to the asseverations of all the priests and monks of the neighborhood, she came possessed, and as it appeared, by a very learned devil. She continued incessantly talking Latin, Greek, and Hebrew in very pompous tones and with most distinct enunciation. This possession was rendered more probable by the known fact, that she was, or had been, a heretic. Voltaire humorously advises the devil to decline acquaintance with medical men, and it would have been more to his (devil) reputation if he had taken this advice in the present instance. The case had attracted the attention of a young physician, and by his statements many eminent physiologists and psychologists visited the town and cross-examined the case on the spot. Sheets of her ravings were taken down from her own mouth, and were found to consist of sentences coherent and intelligible, each for itself, but with little or no connection with each other. Of Hebrew, only a small portion could be traced to the Bible, the remainder seeming to be in the Rabbinical dialect. All trick or conspiracy was out of the question. Not only had the young woman been a harmless, simple creature, but she was evidently laboring under a nervous fever.

"In the town in which she had been resident for many years as a servant in different families, no solution presented itself. The young physician, however, determined to trace her past life step by step, for the patient herself was incapable of returning a rational

answer. He at length succeeded in discovering the place where her parents had lived, travelled thither, found them dead, but an uncle surviving; and from him learned that the patient had been charitably taken by an old Protestant pastor at nine years old, and had remained with him some years, even till the old man's death. Of this pastor the uncle knew nothing, but that he was a very good man. After much difficulty and search the physician discovered a niece of the pastor's who had lived with him as his housekeeper. She remembered the girl. Anxious inquiries were then made concerning the pastor's habits, and the solution of the phenomena was then solved. For it appeared that it had been the old man's custom for years to walk up and down a passage in his house into which the kitchen door opened and to read to himself, with a loud voice, out of his favorite books. A considerable number of these were still in the niece's possession. She added that he was a very learned man and a great Hebraist. Among the books were found a collection of Rabbinical writings, together with several of Greek and Latin Fathers, and the physician succeeded in indentifying so many passages with those taken down at the young woman's bedside that no doubt could remain in any rational mind concerning the true origin of the impressions made on her nervous system."

You will not fail to observe that subjects reproduce simply what they have seen, heard, or read. The impressions on the objective mind of this case must have been superficial to the last degree, but the result demonstrated that the record upon the tablets of the subjective mind was ineffaceable.

This is not an isolated case. Thousands have been recorded by most trustworthy observers. Their significance cannot be mistaken. In their light the wonderful mental feats of trance-speakers are easily explicable without the aid of supernatural agency. Speaking in "unknown tongues" is seen to be merely a feat of the subjective memory. Objective memory has an absolute localization in the cerebral cortex. Subjective memory is the inherent power, and free free from anatomical relations.

When an idea again recurs without the operation of the like object on the external sensory, it is a remembrance (subjective memory); if it be sought after by the mind, and with pain and endeavor found, and brought again into view, it is recollection (objective memory). We will proceed to detail other peculiarities which

distinguish the two minds, and to offer a few practical illustrations of the principles involved from common observation and to apply the principles to the solution of various problems of everyday experience. If any one doubts the wisdom of the all-wise Providence in investing objective mind with the controlling power in the dual organization, let him visit a mad-house. There he will see all shades and degrees of subjective control. There you will see men whose objective minds have completely abdicated the throne, and whose subjective mind is in pursuit of one idea, controlled by one dominant impression, which subordinates all others. These are the mono-maniacs—the victim of false suggestion.

These suggestions may be given from without, in a thousand different ways, which will be readily recognized by the student of insanity, or by auto-suggestion. Long and intense concentration of mind upon one subject, and inordinate egotism, will be readily recognized as striking illustrations of the power of auto-suggestion as a factor in monomania. The maniac is one whose objective mind is disorganized by disease of its organ, the brain, the result being distortion of objective impressions, and consequently false suggestions to the subjective mind.

The question arises, what part does the subjective mind play in the normal operation of the human intellect.

This may be answered in a general way, by saying that the most perfect exhibition of intellectual power is the result of the synchronous action of the objective and subjective minds. When it is seen in its perfection the world names it Genius. In this condition the individual has the benefit of all the reasoning powers of the objective mind, combined with the perfect memory of the subjective mind, and its marvellous power of syllogistic arrangement of its resources. Probably the most striking examples which history affords were Napoleon Bonaparte and Shakespeare.

True genius is the result of the synchronous action of the two minds, neither unduly predominating or usurping the powers and functions of the other. When the subjective is allowed to dominate, the resulting acts of the individual are denominated the eccentricities of genius. When the subjective usurps complete control the individual goes insane.

Poets and artists are examples of persons whose intellectual labors are characterized by subjective activity in a marked degree, so marked

is the peculiarity of the poetic mind in this respect that it has become almost proverbial. Lord Macaulay, in his essay on Milton uses language which shows that he clearly recognized the subjective element in all true poetry. He says:

“Perhaps no man can be a poet; or can even enjoy poetry without a certain unsoundness of mind,—if anything which gives so much pleasure, ought to be called unsoundness. By poetry we mean not, of course, all writing in verse, nor even all good writing in verse. Our definition excludes many metrical compositions which on other grounds deserve the highest praise. By poetry we mean the art of employing words in such a manner as to produce an illusion on the imagination, the art of doing by means of words what the painter does by means of colors. Thus the greatest of poets has described it in lines universally admired for the vigor and felicity of their diction, and still more valuable on account of the just notion which they convey of the art in which he excelled.

“As imagination bodies forth
The forms of things unknown, the poet’s pen
Turns them to shapes, and gives to airy nothing
A local habitation and a name.”

These are the fruits of the “fine frenzy” which he ascribes to the poet. A fine frenzy doubtless, but still a frenzy. Truth, indeed, is essential to poetry, but it is the truth of madness. The reasonings are just, but the premises are false. After the first suppositions have been made, everything ought to be consistent, but those first suppositions require a degree of credulity which almost amounts to a partial and temporary derangement of the intellect. Hence of all people children are the most imaginative. They abandon themselves without reserve to every illusion.

Every image which is strongly presented to their mental eye produces on them the effect of reality. No man, whatever his sensibility may be, is ever affected by Hamlet or Lear as a little girl is affected by the story of poor Red Riding Hood. She knows that it is all false, that wolves cannot speak, that there are no wolves in England, yet in spite of her knowledge she believes, she weeps, she trembles, she dare not go into a dark room, lest she should feel the teeth of the monster at her throat. Such is the despotism of the imagination over uncivilized minds.”

In other words such is the despotism of suggestion over the subjective mind.

This is an age of purely objective cultivation. All of our inductive reasonings are strained to their highest tension in an effort to penetrate the secrets of physical nature, and to harness her dynamic forces. Meantime the normal exercise of that co-ordinate power in our mental structure is fast falling into desuetude, and its manifestations not being understood, are relegated to the domain of superstition.

The perfect memory of the subjective mind, its instant command of all the acquired knowledge of the individual, however superficially attained, or imperfectly remembered, objectively is a source of power. But it is liable at times to be a source of inconvenience, for it sometimes happens that in ordinary composition a person will unconsciously reproduce, verbatim, some long forgotten expressions, perhaps a stanza or even an entire poem. It may be his own composition, but it is likely to be something he has read years before and forgotten, objectively, as soon as read. In this way we may explain many cases of plagiarism.

Another class of persons who possess the faculty of evoking at will the powers of the subjective mind, are the great orators, as Patrick Henry, Charles Philips—the Irish orator, Henry Clay, Daniel Webster, and many others.

Two important conclusions are deducible from the premises laid down :

- 1st. Develop the objective and subjective faculties harmoniously.
- 2nd. The subjective mind should never be allowed to usurp control of the dual mental organization, for to give the subjective mind control is for reason to abdicate her throne.

Having established the first, second and third propositions by the preceding facts, we will present a subsidiary proposition, namely: "The subjective mind has absolute control of the functions, conditions and sensations of the body."

If you can agree with me that these propositions are correct, we will be able to account for everything that is superusual. I will try and relate a few instances coming under my observation in Kingston, N. Y. Dr. C. O. Sahler has on an average about sixty patients which he treats daily in his sanitarium. His patients are mostly nervous and mental cases, from all parts of America. I have seen him giving his nephew a whole teaspoonful of cayenne pepper while in the

suggestive state, and he asked for more calling it sugar. Ammonia he would call perfume, and perfume, ammonia. No tricks in this case, as I tasted or smelled each article before letting the subject do so.

One hour after my arrival, a physician arrived who had suffered with asthma since 1894. He was a graduate of both schools of medicine, homeopathic and allopathic, having practised in Brooklyn previous to his illness. In 1889 he had an attack of influenza from which he dates his illness. He had the best medical advice for years from both schools, and being wealthy he was able to live where he liked. He spent several years in California. When he arrived in Kingston he was cyanotic and could not eat, and anything cold like ice cream brought on a severe paroxysm, during which he would almost choke to death for want of breath. He had failed in weight about 40 pounds and told me he wished he were dead. I saw him in company with Dr. Sahler and saw him relieved in five minutes so he could breathe by the power of suggestion. Dr. Sahler made him take ice cream and full diet, without any return of shortness of breath for seven hours. In three days he was able to go out and enjoy life and improved steadily while I was there. There were many other cases which were improving under suggestive treatment. Such cases as chorea, hysteria, mental diseases, etc. While there I also tried suggestion on some patients with success. But it is only in a place like a sanitarium that you can get your greatest success. Dr. Sahler gets only chronic cases, but I think his percentage of cures would be greater if he would combine other treatments, as electro-hydro-drug-therapy. I wish to state that Dr. Sahler is a medical practitioner in good standing.

Remarkable recoveries have been occurring through all the ages, as the results of mental states and nature's own power. They will not be able to displace either the skilled surgeon or educated physician. Most sensible persons will prefer a physician who understands both the body and the mind, who can be "father confessor" to the sick man, relieving him of the responsibility of treating himself, quieting his mind, strengthening him with hope and stimulating him by his personal presence, one who, understanding the mineral, plant, and animal substances included in the *Materia Medica* can assist nature, interfering only when absolutely necessary and certainly safe, too learned and honest, when not knowing what to do, never to do he knows not what. They will also prefer a physician who can relieve their pains when incurable, smooth their pathway to the inevitable end, or when he has the happiness to see them convalescent, will be able to give them such hygienic hints as may prevent a recurrence of the malady, or save them from something worse. Let us investigate : sceptically, if you will, but investigate.

References, Hudson, Buckley.

THE RESIDUUM.*

By GEORGE W. T. IRVING, Provincial Education Department, Halifax, N. S.

I have been asked by your secretary to contribute a paper to your association on some aspects of social life. To me has been allotted the task—or rather the privilege—of speaking to you on the seamy side of life, or as it has been called in your notice slip, the residuum—that which is left over as unfit for the building up of a strong, healthy and vigorous community.

The subject is a large one and the ramifications in all directions so extensive, that I shall only have time to treat briefly a few of the phases, passing over many others entirely.

If we wish to study the problem of the residuum to any advantage, to see its magnitude, to find out the causes that have produced and are still producing it, to trace its debilitating effects upon society, and to suggest remedies, we shall have to take off the lid and look into this seething caldron. In doing this we shall discover many things that are by no means pleasant or agreeable. But I presume all present have passed beyond the days of childhood and even of adolescence, and are looking seriously on all social problems. If in the discussion of this subject it is found necessary to call a spade a spade, I wish you to remember that the surgeon who fails through indifference or timidity to strike deep enough to reach the source of the trouble might almost as well keep his lancet in his pocket.

You will have noticed in your slips, a tentative division of this residuum into, *Poor, Unfit and Criminal*. As these different classes spring from the same soil, we may for our present purpose group them all together under a general name, *Incapables*.

Incapable of keeping pace with the march of modern civilization, through some physical, mental or moral defect, some fall out by the way exhausted by the struggle for existence, others unwilling to submit to honest toil to obtain a living, become veritable Ishmaelites, their hand against every man and every man's hand against them.

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In this country the conditions of life with respect to climate, food supply and our general surroundings are conducive to a vigorous manhood and womanhood in those blessed with a sound mind in a sound body. On the other hand those of delicate mould find the climatic conditions very trying. If it is necessary for the intelligent, industrious man to employ his whole time and talents in order to get the best out of life, what is the chance for the weakling? If we were living within the tropics, where we might tickle the ground with a hoe and it would laugh with a harvest, the problem of existence would be much easier. Here we have to spend an enormous amount of energy in protecting our bodies from the cold of winter by means of clothing and fuel. There, these things are superfluous. Seeing that to meet the cost of living requires such an output of energy, any means by which the number of our incapables could be reduced to a minimum should be heartily welcomed.

In all civilized countries, and particularly in those localities where there are large aggregations of humanity, the problem of how to deal with the lower strata of society is attracting great attention from statesmen, philanthropists and sociologists. While in large cities only is there full scope and opportunity for the vicious to prey upon the law-abiding, still in smaller cities like our own there is a very undesirable element. Nor is this confined to our towns; in many sparsely settled country districts may be found one or more families whose presence is a menace to the health and morals of the neighborhood.

A half century ago, when life was not so strenuous as to-day, the need of institutions for the care of the unfortunate and the unfit was not so pressing as now. Then voluntary assistance was more readily obtainable. To-day time is money, and service, rendered no matter by whom, has its cash value, and for this reason we must look at this problem from the economic rather than from the philanthropic point of view. Now some may think that we are going backward when we seek to transfer to the state the charge of all unfortunates, many of whom have been hitherto the special care of the humane. I think it will be found, that after we have systematically cared for all pronounced cases among the incapables, there will still be a wide field for the exercise of the altruistic spirit in assisting those among our friends and neighbors where a little timely aid or counsel might prevent misfortune or ruin.

I have said that from the same soil we get the different varieties of incapables, both harmful and harmless. In order to test this statement, it will be necessary to look abroad for illustrations, since there are no available data in this country to work upon.

One of the most searching inquiries that I am acquainted with is that of Robt. Dugdale of New York, in his history of the "Jukes" family, "a study in crime, pauperism, disease and heredity." The name "Jukes" is a pseudonym used to reduce the forty-two family names included in the lineage to one generic application." After a careful study of the life history of this family, stretching through some six generations and including hundreds of individuals, he makes the following statement :

"*Fornication*, either consanguineous or not, is the backbone of their habits, flanked on one side by *pauperism*, on the other by *crime*. The secondary features are *prostitution*, with its complement of *bastardy*, and its resultant neglected and miseducated childhood; *exhaustion* with its complement *intemperance* and its resultant unbalanced minds; and *disease* with its complement *extinction*."

This statement, the result of a careful and searching analysis of the facts obtained in his inquiry, shows the close connection between the different classes of our residuum. He also states, as many other students of this subject have observed, that the elder sons of a degenerate family are likely to be criminals while the younger ones are paupers. Thus we may find that from the same stock, if not from the same household, may come the bold desperado as an extreme type of the criminal and the poor weakling totally unfit to provide for his own wants. Fortunately for us we have no such formidable array of degeneracy in this country. Ours appear to be chiefly isolated cases. Perhaps if some one had the time to investigate the past history of all those persons who are either pensioners on our charity or inmates of our prisons and preventive institutions, we might find some of them a last link in a chain that reaches back through several generations of vicious ancestry.

If we look at the various institutions in this city for the care of those unable or unfit to care for themselves, we shall be surprised at the number of them and the amount of work they are doing. There is not one of these we can do without. In fact there are others needed. However much it may cost to maintain them it will be cheaper to do so than to turn the inmates on the street.

The cost of maintaining our charitable and penal institutions might be taken as a measure of the extent of the pressing misery and suffering around us. Not less than one quarter of a million dollars is spent annually for maintenance; this is in addition to the original outlay for equipment. This sum does not include the amount spent in charity by churches, families and individuals.

A marked feature of these institutions is their rapid growth, the percentage in many of them being larger than the rate of growth in the population of the Province. Whether this state of affairs is due to increased vigilance on the part of those in authority or whether it is due to a more rapid decadence among our people than in the past, or whether the removal of so many of our strongest and most progressive people to the United States and our own North-west has lowered the general power of resistance to the various kinds of vice, disease and crime, or whether all these causes may not be in operation at the same time, we cannot now consider. At any rate we find ourselves confronted by a condition and not a theory.

Taking for granted that we have a large measure of misery in various forms in our midst, let us see if we can discover any of the causes—either proximate or ultimate—that are producing this state of things. I presume there are no exceptional circumstances in our case that distinguish us from other cities.

The two great factors in the production of the submerged are heredity and environment. The first fixes the organic characteristics of the individual, the latter affects modifications in that heredity. Heredity furnishes the elements of character derived from the parent; environment all the conditions after birth that help to shape our careers.

One of the first problems to be considered in dealing with the unfit, whether on the side of pauperism or of crime,—and it is by no means a simple one—is to discover the part played by each of these factors in the formation of the character of the individual under consideration. If it is found that the taint from ancestral blood is but slight, then a change of environment will in all probability effect a great change in conduct. If on the other hand the investigation reveals a pronounced degenerate ancestry, the chances for an honest course of life are upon the whole very problematical. As soon as the general public has recognized the fact that the residuum is a diseased

portion of the social organism and requires treatment and care just as much as disease in the human body, we shall be on the way towards a rational solution of our problem.

I wish here to draw your attention to the distinction between poverty and pauperism. Poverty as such brings no charge to the state. A man may be poor, have barely enough of this world's goods to prevent suffering in his family, yet if he retains a spirit of manly independence and would sooner live on a penny of his own earning than accept pounds at the hand of charity, we should have no fear either of him or of his offspring. But the pauper on the other hand is a different person. Unable through some mental or physical defect to earn a living, he seeks it where it can be obtained the easiest. He follows the line of least resistance, through private beneficence, through churches or societies, and when these fail, he finally lands in the poorhouse.

You will remember a short time ago, the British press drew the attention of the public to the official statement of the recruiting sergeant that the British race was deteriorating as shown by the large number rejected when applying for enlistment in the army. This was up for discussion at a late meeting of scientific men on the other side. The large inflow from the country districts into the towns and cities—the change from an agricultural to an industrial life—was considered the chief contributing cause of this deterioration.

Those of the better class usually succeed and serve to replenish the exhausted ranks in the professions and in mercantile life in the cities. But the recruits for our residuum come largely from the unskilled workmen who are so poorly prepared for the great change in their mode of life. Working all day in close and unsanitary quarters and spending their nights often among worse surroundings, we cannot wonder that they show signs of deterioration very soon. Although the first generation fresh from the country may be able to withstand for some time the debilitating effects of their surroundings, it is in the second and third generations that the weakening process begins to show itself. Insufficient food at irregular intervals, in consequence of the fitful employment of the unskilled laborer, results in an inferior physique in the offspring, as may be seen in certain specimens of slum children that come to this country from abroad. The huddling together of large families in one or two small rooms does perhaps more than anything else to blunt the moral sense of the young.

It has been said that one of the greatest steps made by man in his upward progress, was when he discarded the circular hut or tent for the square cornered house. In the hut there is no opportunity for privacy, as it is not constructed for division, but the square cornered house is expressly adapted for division into rooms where there may be complete seclusion for any members of the household. No people or tribe or family can rise above a certain low level who sleep promiscuously around a camp-fire with their toes in the ashes. Any community that permits the packing of families into cramped quarters like sardines in a box is sowing the seeds of a noxious plant that will most surely spring up, flourish and produce as its fruitage, vice and misery, if not crime itself. The overcrowding of rickety tenement houses, where the ordinary decencies of life cannot be observed, is one of the most fertile sources of moral decadence.

A fundamental prerequisite for the moral upbringing of a family is the proper facilities for the due separation of the sexes. When this cannot be observed, the community itself becomes responsible for the consequences. No condition of affairs should be suffered to exist that would tarnish the crowning glory of our social fabric—female modesty.

Looking at overcrowding from the standpoint of physical health, Rowntree in his "Poverty, a Study of Town Life," says: "Overcrowding causes debility. The air is vitiated and the people herd in their unhealthy beds, in their unhealthy rooms, in their unhealthy slums, and become languid and worn out. They go about with a jaded and spiritless air." Her late Majesty's Commission for inquiring into the housing of the working classes, says: "The general deterioration in the health of the people is a worse feature of overcrowding even than the encouragement by it of infectious diseases. It has the effect of reducing their stamina and thus producing consumption and diseases arising from general debility of the system, whereby life is shortened."

During the late autumn I visited quite a number of tenements in different parts of the city, for the express purpose of becoming acquainted with the housing of the extreme poor and wretched. Here I wish to thank various members of the medical profession who assisted me in my search; several ladies who are spending their time and strength in ministering to the wants of the sick and needy, and whose knowledge of existing conditions has been a great service to me; also those connected with the different societies and institutions in

the city, and many others who have kindly aided me. The definition of "overcrowding" adopted by writers on social questions, and that also of the Registrar-General of England, is: "Overcrowding is said to exist when the average number of persons per room is *more than two*." In one tenement I found a family of six, husband, wife and four children living in one room and by no means a large one. On the floor was a child three years old that had never walked, while the infant in the mother's arms looked so emaciated and languid, I fear it will never reach the walking stage. I was told of a case where a family of *nine*, father, mother and *seven* children, were living in one room. When found the man was making a sled in the room, and to add still more to the misery a child sick with a contagious disease was lying on a shelf, there being no other place to put it.

Had I the pen of a ready writer, I could a tale unfold that would appear to border on the sensational, a tale of poverty, misery, disease, squalor and vice, and the material for such a story can be found within a few hundred yards of this place. But the title of this lecture course forbids such treatment, one is expected to state facts and those only in a plain manner.

Passing along one of our residential streets, where the outward appearance of the houses seemed quite respectable, I was switched off into a lane where some three or four shanties were huddled together. The outward appearance was exceedingly uninviting. The general tumble down look on the outside augured poorly for comfort within. We entered one of these houses, directly from outside into the living room, which I should judge was about 12 feet square. Adjoining this was a smaller one about 5 by 7, in which a young man was lying in an advanced stage of consumption. This poor fellow was within a few feet of the cooking stove in the larger room. One very small window in each admitted light; they never seemed to have been used for the purpose of ventilation. The walls and ceiling were reeking with the accumulated grime and smoke of years. The air was stifling and laden with effluvia from the inmates and their belongings. Besides these two rooms there was an attic reached by a ladder. This I presume was used as a sleeping-room, though the quarters must have been very cramped. These houses had no cellars, they were simply resting on the ground, no sewerage, and no water inside except what came through the roof when it rained. So disreputable looking was this place that I do not think any of our

farmers would use it for a pig-stye, much less for a cow-shed or a horse-stable. I have chosen this one, not because it was particularly worse than many others, for it was not, but because the condition of the inmates appealed to me.

On one of the coldest mornings this winter there was discovered a case of such extreme poverty and helplessness that I would scarcely have credited it, had I not visited the place myself. The room occupied was in a large building near the centre of the city. The outside door was kept closed by means of a small log braced against it. This door admitted to a kind of hall or vestibule, which I judged was occupied at times as a tenement. Opening an inside door, which did not come down to the threshold by about an inch, we entered a room, cold, cheerless, windswept, in which were two women. The elder one—the mother—past middle life, was lying in a bed with very scanty covering, ill of pneumonia; the younger—her daughter—about 30 years of age, was paralyzed on one side and was subject to epileptic fits. They were found that cold morning with the wind whistling through the room, absolutely without food or fuel, perishing of cold, sickness and hunger in the midst of plenty. I know nothing of the causes that brought them to such a state except what appeared on the surface. Before the sickness of the mother, who was the only wage earner, they must have been living very near the poverty line. At the best the struggle for existence must have been very severe. When misfortune came they succumbed. These two are types of two classes of the poor; one was able to earn her living until sickness came, and will need assistance to tide over the present; the other belongs to the number of those who are unable both physically and mentally to care for themselves.

There is a third class, by far the largest, who are poor from wastefulness or extravagance. The following example will illustrate.

During the summer a man went away from the city, leaving his wife and family a charge on the charitable. Just before Christmas they were visited by one of our workers among the poor, who gave the mother \$1.50 from her own purse to help purchase some necessities for the home. What was her surprise when she found the woman had taken one half the money and bought a bracelet for one of the children as a Christmas gift. To know what to do with such as this woman is one of the most perplexing problems in dealing with the poor. We have no data, so far as I am aware, that will enable us to estimate the amount of poverty in our midst.

Rowntree says that in the city of York, 10% of the population exist below the poverty line, being unable to earn enough to place them above penury, while 17% more are in the same position through waste and extravagance; that is more than one fourth of the population are living in poverty. The statement has been made that *one* in every *eight* of the population of the United States is either a pauper or is on the verge of pauperism, and that *one* in *ten* of those who die in New York is buried at public expense. Using the average of the United States we would have about 5,000 living in poverty in this city, but if that for the city of York is used, we should have more than double that number.

From these wasteful, extravagant homes there comes a constant stream of irresponsibles who produce their kind, recruits for the great army of the unfit. I found a specimen of the kind in a miserable shanty. Seated before a cooking-stove in an untidy room was a young woman scarcely out of her teens. On her knee was an infant, two weeks old, a puny, miserable little mite, looking too feeble for a cry. There she sat in unwomanly rags, with unwashed face and unkempt hair, a picture of utter helplessness and hopelessness. Should this infant live, what are the chances of its becoming a useful citizen, seeing that the father of the young woman is mentally defective besides bearing stigmata of degeneration of a very pronounced character?

(To be Continued.)

SOME EXPERIENCES DURING FIFTEEN YEARS' GENERAL PRACTICE.*

By C. P. BISSETT, M. D., M. P. P., St. Peters, C. B.

When some weeks ago your secretary was kind enough to ask me to contribute a paper to be presented at a meeting of the Nova Scotia branch of the British Medical Association, I promised to do so. This evening I might pardonably be excused from fulfilling my promise on the ground that my consent had been obtained in a moment of weakness, and when the temptation to promise was still strong upon me.

With the distractions incident to attendance at the Provincial Legislature, I have found it almost impossible to present anything of a technical or scientific nature which would be acceptable to this meeting. I have therefore decided instead, to relate incidents in my professional life still fresh in my mind, which have occurred during fifteen years actual practice in the country.

In the year 1890 I saw a case in the practice of the late Dr. A. K. McLean at West Bay, a relation of which will perhaps interest you. A boy aged 12 years was driving a truck through a gate when the horse, taking fright, jammed the lad between the truck and gate post so forcibly as to burst the abdomen below the liver level, on the right side to the extent of a hand's breadth, through which opening a large amount of intestines protruded. The intestine was returned, the wound sutured and drained. Copious bleeding from the kidneys followed for 36 hours, and on the sixth day two round worms six inches in length escaped from the wound. The lad made a good recovery, but lost his life by drowning three years later.

In 1894 a brother of this same lad, 22 years of age, was shot with a 38 calibre revolver in the belly and died very soon after. It was alleged that the shooting took place on a mountain path, and that the man walked 250 yards to the spot where he was found dead. An autopsy done almost immediately, discovered the following facts: the abdominal cavity was filled with blood, the aorta half an inch above

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its division was punched out and a deep trench ploughed through the underlying and vertebra, the ball finally lodging in the muscles behind. The medical testimony in this case was to the effect that the man must have died almost at once, and that the statement as to the victim having walked 250 yards after receiving such a wound could not be entertained. The testimony remained unshaken and subsequent evidence established that the facts were in accord with this testimony.

Up to July, 1897, I never saw, to my knowledge, a case of acute inflammatory process within the belly of a male person in my practice. Shortly thereafter I had in charge a case of what I decided was appendicitis in a boy 14 years old. This diagnosis was concurred in by Dr. Stewart of this city, and its history is of interest. For what seemed sufficient reason at the date of Dr. Stewart's visit, it was decided to postpone operation. Some three weeks later fluctuation behind, in the flank, was noted, an incision there liberated a large collection of pus, and the patient himself was able to demonstrate the presence of blueberry seeds in the matter discharged. In a month thereafter the wound had closed and all seemed well. One year later some tenderness was noted with rise of temperature and loss of flesh. Percussion behind revealed dullness over the right lung base, and the boy was thought to have acquired tuberculosis. Suddenly, one night he was seized with a violent coughing fit—pus in considerable amount was raised, and after a month, this condition having gradually improved, the boy was restored to health and continues in good health to this day. It seems as though the process became rekindled and ended by evacuation of its purulent product through the bronchial tubes.

Puerperal infection, at least in its grave forms, is not often found in country districts, and this too, in spite of the fact that many midwives carry large real estate holdings beneath long finger nails anointed with any old kind of grease and often vigorously employed in stretching the birth. The explanation is, I suppose, to be found in the great individual resistance of women in the country to this form of poisoning. I have seen perhaps 8 cases of eclampsia at or near term. These were freely bled, chloroformed and given morphia in large quantity, and recovered with one exception. Labour, if not in progress, was in every case induced. The last case I saw with Dr. John McDonald had taken twenty-five fits before assistance could be

called, was unconscious when delivered by forceps of a living child, but the woman herself never regained consciousness, dying in less than 2 hours.

I saw two cases of acute inversion following labour, one died, the other recovered. There was not great loss of blood, but in both there was intense shock. Drs. McDonald and Fixott both saw cases, one each in the time covered by the relations of this paper.

I have encountered one case only, of arm presentation. Version under chloroform anæsthesia proved very difficult, but I was much surprised at the ease with which the after coming head was delivered compared with a forceps operation on the same woman just one year previous. I am told by a man of vast experience, Dr. W. H. McDonald, (Antigonish) that he has seen version succeed in a case where forceps employed by three experienced obstetricians utterly failed in the purposes for which they were applied.

Diphtheria in 1890 proved fatal in full 40 per cent of cases. In a family of 8 children attacked by the malady from 3 to 5 were certain to die. Since then I have seen epidemics in which children were attacked by undoubted diphtheria, proved to be such by subsequent palsies without one death, and this too, in the absence of special treatment.

I have seen three cases of acute intestinal obstruction due to causes other than demonstrable hernia. None were subjected to operation and all ended in death. No treatment directed to an evacuation of the intestine such as massive enemata or gaseous injection, etc., seemed to exert any influence on this distressing condition sometimes called the "Iliac Passion," and which I believe in the absence of surgical treatment is utterly hopeless.

Surgeons therefore, who lament the loss of such cases in their hands, may in my judgment console themselves by the reflection that left to themselves these cases must prove uniformly fatal.

I once saw a woman eight days in labour. It was a foot presentation, the woman was still in full strength. During a tremendous pain I made strong traction and I have no doubt it was tried many times already, but without the slightest effect. I discovered that the obstruction was due to the enormously distended belly of the child. This was punctured and an immense quantity of fluid drained away. The head was found to be in the same condition. This was reached

through the spiral canal and thereafter delivery was easy. I should have stated that decomposition had set in. Nevertheless this woman made a splendid recovery. I did not again attend her during that illness.

Some years ago a man presented himself to me for advice with respect to an ulcerated cornea. The eye was so badly damaged that I advised its removal. This was declined, and some days later a member of the family wrote enclosing a lump which came out of the father's eye. It was the lens which had escaped through a large opening in the cornea.

I have knowledge of one case which was deemed miraculous when it happened. A woman aged 95 years slowly and painlessly became blind, I presume from cataract. Having occasion to arouse her neighbours one night, in attempting to do so she fell against the sharp pointed forge-made latch of a door. It penetrated the eye, but some days later the poor woman who thought her eye utterly lost was overjoyed to find her sight in great measure restored. The lens was accidentally couched.

I have presented these cases somewhat at random. To those who looked for something better they will be disappointing. Yet I beg of you to accept them as the only contribution I could offer to your secretary in the circumstances in which I am at this time situated.



Selected Article.

SOME OF MY MISTAKES IN OBSTETRIC PRACTICE.*

By J. T. GRAHAM, M. D., Wytheville, Va.

"Nothing succeeds like success" is a bright, catchy phrase, very popular with the causal observer; but those who delve deep into the philosophy of human endeavor and reason from cause to effect, find it is often a perversion of truth. "The man who never makes a mistake rarely makes anything" is absolutely true; and we always find the temple of success built upon a foundation whose chief stones are mistakes and failures.

You will notice in the rather unusual title of this paper that my modesty forbids recording all my mistakes, lest you might conclude that the foundation of my success is out of proportion to the superstructure.

Do we ever forget the first case of labor we attended?

We were so top heavy with knowledge that it makes us weak in the knees to carry it; at least my knees were weak and trembling when I attended my first case. It was the most difficult case, I then thought, that I would ever be called on to manage. The woman was about a 12 para and knew much more about labor than I did. Yet I went prepared for trouble and found it. About two hours after my first examination, in which I couldn't make out anything definite, I yet assured the mother and numerous neighbours that everything was all right, the bag of waters broke with such a rushing sound that I jumped clear out of my chair. By the time I had recovered my senses and regained my equilibrium the pains were coming hard and fast. I was sure that woman was going to die, but just before the end came, the child was born, and the sounds of many waters followed it. I called for hot water, vinegar, ice, and ergot all in one breath, to check that awful hemorrhage. On closer examination, I found a few blood clots and the bedding well soaked with liquor amnii. Then I took a long breath, my heart went back to its usual position, I finished the operation, and the patient made a good recovery.

*Read before the Southwest [Va.] Medical Society during its semi-annual session at Bristol, Tenn., December, 1904.

The next three cases I attended had eclampsia. I have sometimes thought what nerve I must have had to keep on practicing after such a record. Puerperal convulsions cannot be described; they must be seen to be appreciated, and once seen not forgotten. No physician ever wants a second case, yet I had the misfortune to see three cases during the first six months after beginning practice. The first case was attended by an ignorant midwife, who told the family that the convulsions were very hard pains and would stop as soon as the child was born. In this she was mistaken, and I was called in to see the patient after she had a dozen spasms and was in a state of coma. Venesection and chloroform had no influence on the severity or frequency of the convulsions. Hypodermics of morphine masked the symptoms for a while, but the spasms continued every half to two hours until the patient died, just 24 hours after I first saw her. I had consultation in this case, but all our efforts were futile.

In three weeks after this experience, I was called to see another woman, a near neighbour of the first, who had a severe headache, very nervous, and some slight jerking of muscles, which I regarded due more to fear or suggestion, on account of having seen the case just described, than to toxemia. Her symptoms improved under diuretics and sedatives. She was within six weeks of full term. I was not with her in her confinement, but I learned afterwards she had convulsions for several hours and died. The mistake I made here was in letting her go on to term. Labor should have been terminated, and the life of the mother and child would have probably been saved, but both perished. It is often easy to see some better course to pursue after it is too late. The third of case eclampsia I saw, and I hope the last, was three months after the second. I was called in to administer chloroform while the attending physician dilated the uterus and delivered the woman with instruments. She was under the influence of chloroform for nearly two hours, and had four severe convulsions during that time. She died twelve hours after delivery. I was taught that chloroform would control puerperal convulsions. In the two cases in which I have given it the failure was complete. Venesection did no good. Morphine seemed to relieve for awhile.

The fearful experience I had in these cases caused me to study eclampsia more thoroughly. I compiled a very learned article, as I thought, on the subject, in which I tabulated nearly one hundred cases in such a way as to prove my theories. I worked out on paper the

cause, showed how it produced its effect, and evolved a treatment that to my mind was a specific. Strange as it may seem, this article did not set the medical world on fire, and has even been overlooked by the authors of our text books on obstetrics. My treatment for eclampsia now is preventive rather than curative. Keep the excretory organs of every pregnant woman in good condition, and we will rarely have a case to treat. If we do meet with such a misfortune, elimination of the poison by any and every means possible is the best we can do.

Another case of labor in which a mistake came very near costing the patient's life will never be forgotten. The woman was a delicate primipara, whose labor progressed normally in every respect up to the end of the second stage. Before the cord was tied and child handed to the nurse, I noticed my patient breathing badly, face and lips colorless, pulse rapid and feeble; in fact, she was in a state of profound shock. I at once thought of hemorrhage, but found no flow from the vagina. Placing my hand over the abdomen I felt a soft uterus almost as large as before labor. The short cord had detached the placenta, which plugged the cervix, and the uterus was rapidly filling with blood. I grasped the uterus firmly with no uncertain grip and delivered that placenta, which was followed by an enormous quantity of blood. I found this concealed hemorrhage not a minute too soon, for it was by the most heroic and persistent treatment that her life was saved. The lack of pulsation in the cord, together with the marked symptoms of shock, ought to have called my attention to the true state of her condition sooner.

I had another case of hemorrhage which was anything but concealed, and that was bad enough, but of all the enemies we have to contend with, we fear the most the one that fights in the dark.

Another case in which I made a mistake was a young primipara 17 years of age, very large and apparently well developed, but whose pelvic capacity was below the normal. The head of the child, which was large, refused to enter the pelvic strait. I insisted on chloroform and delivery with forceps. This was refused at first, but after 36 hours of tedious, inefficient labor, I sent for assistance, and proceeded to deliver with long forceps. The operation was very difficult, requiring the combined efforts of myself and assistant for three hours in the hardest task of this character I ever tackled. The effect was a badly bruised parturient canal, a lacerated perineum, and a still

born child; which, although it received no blood from the mother after birth, weighed 17 3-4 pounds. This was clearly a case where craniotomy should have been performed, and the injury to the mother prevented; but the family objected to the operation so strenuously, that I yielded with the consequences already described.

Now, gentlemen, if you agree with me that our success is built upon our mistakes and failures, you will discuss this paper and tell us of similar cases in your experience, or what you would have done, had these cases fallen in to your hands; for by not discussing it, you will give tacit acknowledgment to the fact that your success is without foundation.—*The Virginia Medical Semi-Monthly*.



THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII.

HALIFAX, N. S., APRIL, 1905

No. 4.

Editorial.

THE OPTICAL AND MEDICAL COSTS AND FEES' BILLS.

In a previous issue the attention of the profession was called to the attempt made by the so called "opticians" to have an incorporated act placed upon the statutes of this province, and as the character of the legislation sought to be obtained is now known to our readers, it will not be necessary to dwell upon this part of the subject.

That the Bill in question was defeated will be a matter of intense satisfaction to the medical profession in Nova Scotia goes without saying, but we deeply regret that it should have passed the Assembly where its pernicious character was fully exposed, and where the sound judgment of that body dealing with the question solely on its merits should have secured its immediate and well merited defeat. Unfortunately, as is often the case, the deflection of a certain number of physicians, confined, let it be known, chiefly to one town where the malign influence of the optical fad seems to have been paramount, contributed in no small degree to this result, and it remained for the sound judgment of the Legislative Council once again in its independence to check ill-advised legislation, which indeed should never have passed the Assembly. We direct special attention to this fact and commend to our readers another editorial in this issue which though not strictly within the province of this journal will be of general interest.

Re the Medical Costs and Fees' Bill, this was amended in the Assembly and further amended in the Council. It was then found to be so distorted that it was deemed advisable to let it lie over until next session.

If the physicians of this province took an active part in these as well as in other matters they could wield a large influence, and thereby would not be received with such scanty courtesy as they have in the past by some of our legislators.

To Dr. Bissett, M. P. P., our profession is greatly indebted for overseeing our rights and defending the citizens from undesirable legislation.

THE LEGISLATIVE COUNCIL.

Most of our readers will recall the fact that a very few years ago it was quite the fashion to decry the Legislative Council; to point out that Ontario, in some respects the foremost province of the Dominion, got along without a second chamber, and for these reasons the Council in this province should be abolished. It was pointed out that a considerable saving to the province in the matter of expenditure could thus be effected.

By way of reply to this last statement we may at once say that inasmuch as the sum of sixty thousand dollars is allowed by the Dominion Government to Nova Scotia for legislative expenses, and that this is amply sufficient to meet its requirements, it cannot be argued that the Council is in this respect a burden upon the province that could be lightened by its abolition; for should that be effected, then the Dominion authorities would be justified in deducting from the grant for legislative expense the amount so saved, for we submit that this or no other province should be permitted to exploit the Federal Treasury, upon the pretext that a certain sum was required when as a matter of fact it was not required for such purposes.

With reference to Ontario, we may be permitted to remark that had the salutary check for a second chamber existed during the last twenty years in that province, the whole Dominion would have been spared the details of political jobbery which in that time have been furnished by the banner province of Canada.

There never was, and we trust there never will be, a sincere desire on the part of the people of this province to abolish the Council. Demands of this kind have come not from the people but from designing politicians actuated solely by a desire to embarrass, those to whom they were opposed.

It is just as well to recognize at once that men occupying seats in the gift of a fickle and not infallible public, may not at all times be depended upon to deal with cases solely upon their merits. And instances have come under our observation during the last few years in which almost diabolical legislative was permitted to pass the Lower House, and was checked by men who occupy seats at the Council Board.

The Legislative Council occupies a large place in the law making machinery of Nova Scotia, and upon the Government rests a responsibility which it cannot shirk, that of appointing to that honorable body the best and brightest men only, men who can be relied on in the day of trial to do the right thing regardless of what is often the passing whim of restless public opinion.

THE CANADIAN MEDICAL ASSOCIATION MEETING.

We have every reason to believe that the meeting of the Canadian Medical Association to be held in Halifax next August, will be very largely attended. Leading members of the profession in Quebec, Montreal and Toronto have signified their intention to be present, and we have good reason to expect a number from Winnipeg, the prairie country, and British Columbia. Throughout the Far West there are settled many practitioners who have gone from the maritime provinces and who will, no doubt, make an effort to revisit their old homes and renew old acquaintanceships.

The arrangements for the meetings of the Association, and for the entertainment of our guests, which were outlined in the February number of the *News*, have been very favourably received.

The final announcement of railway rates cannot be made for some weeks, but we expect to secure the friendly corporation of all transportation companies.

It remains to secure the hearty and substantial assistance of each individual member of the Medical Society of Nova Scotia, which has assumed the honour of entertaining the visiting members of the Association.

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

Jan. 11th, 1905. Dr. Pratt read a paper on "Neuroses." The physiology of the nervous system was considered and a case was described, which illustrated many features of the condition of neuroses. A full discussion followed, in which Dr. Harper referred to herpes zoster and Dr. F. D. Walker to Raynaud's disease.

Jan. 18th. Dr. Grey read a paper on "Arterio-Sclerosis," in which etiology, pathology and treatment were dealt with. Iodide of potash was considered the most efficient remedy.

Feb. 1st. The paper before the society was "Facial Paralysis," by Dr. Crawford. The anatomy of the facial nerve was fully given and the value of the faradic and voltaic forms of electricity as diagnostic and therapeutic agents explained.

Feb. 8th. Dr. Skinner exhibited a specimen of hæmorrhagic mammary sarcoma and gave a report of the case. Secondary growths were found in liver, heart, uterus, omentum, stomach and kidneys. An examination of the brain was not obtained.

Feb. 22nd. Dr. G. G. Corbet gave a demonstration of hypnotism. The subject was a young male adult and the various phases of hypnotism were well exemplified.

March 1st. The meeting was held in the General Public Hospital. Dr. Murray MacLaren showed the following: Epithelioma of the face; two cases of facial paralysis; conical stump; fæcal concretions from perforated appendix; pyosalpynx; ovarian tumour; also a man aged 21 years with probable actinomycosis. Dr. G. A. B. Addy reported that the examination of the discharge and small yellow bodies did not show the presence of the characteristic ray fungus. Dr. T. D. Walker discussed the following cases: Pleurisy with effusion; pneumonia; locomotor ataxia; diabetes; enteric fever; central softening.

March 22nd. Dr. J. R. McIntosh exhibited a piece of bone removed from larynx and then read a paper on "The Laryngoscope." Manuel Garcia was especially referred to as his centennial is now being celebrated.

N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

March 8th, 1905, Meeting held at City Council Chamber, the President, Dr. C. D. Murray, in the Chair.

Dr. Goodwins motion *re* change of medical examiners by Life Insurance Companies (see last issue) was discussed and carried, and the Secretary was instructed to forward copies of the resolution to the different companies doing business in Halifax.

The President and Dr. Farrell referred to the practice of some life insurance agents who dangle before the eyes of the medical practitioner a prospective appointment as medical examiner, in order to obtain a policy. This could be obviated by the physician writing to the head office and asking if the agents were authorized to canvas insurance in this way.

Notice was received from Dr. M. A. B. Smith, in reference to the date fixed for medical bills to be discussed before the Provincial Legislature.

Dr. Chisholm then read a most interesting paper on "Intestinal Obstruction," giving a resumé of the principal symptoms and detailing cases in his own practice.

Dr. Finn urged early operation in all cases of intestinal obstruction.

Dr. Bissett, M. P. P., mentioned a case of obstruction he had seen recently. Dr. MacKeen, of Glace Bay, operated, removing several stitches of gut, with recovery.

Dr. G. M. Campbell strongly opposed purgatives in this condition.

Dr. Trenaman referred to the value of the high enema.

The President mentioned a case of obstruction due to impacted fæces.

Dr. Finn reported a case of greenstick fracture of both bones of the forearm in a girl aged fourteen and a half years (see March number, page 97.)

Dr. Murphy exhibited a specimen of a gall-bladder that he had removed recently, which contained fourteen large stones. It was very much thickened as a result of the continued inflammatory process. Before operation it could be distinctly felt through the abdominal wall. There had been no jaundice. The only symptoms were frequent attacks of pain in the region of the gall-bladder with vomiting.

Drs. Chisholm and Farrell, who had assisted at the operation, complimented Dr. Murphy on the good result.

Personals.

Dr. W. H. Hattie is attending the meeting of the American Medico-Psychological Society, at St. Antonio, Texas.

Dr. H. S. Slayter has gone to Germany for a few months, where he will visit some of the hospitals.

Dr. D. A. Campbell had the misfortune to have his leg severely scalded by the bursting of a hot water bag, but is now fortunately fully recovered.

Dr. A. W. H. Lindsay had a severe attack of la grippe last month from which he has fully recovered.

Dr. E. E. Dickey, formerly of Wolfville, and Miss Annie Louise Tremaine of this city, were married last month.

Dr. G. L. Sinclair of this city was married on the 13th inst. to Mrs. Martha Jean Curry.

Dr. M. A. B. Smith is at present at Baltimore, doing hospital work at Johns Hopkins.

Dr. E. A. Kirkpatrick has gone to New York to visit some of the special hospitals. He is accompanied by Mrs. Kirkpatrick.

Dr. F. S. Yorston and Mrs. Yorston of Truro have been visiting Pinehurst, North Carolina, whither the doctor had gone to recuperate after his recent illness.

Dr. W. W. White, was reelected Mayor of St John by acclamation.

The News extends its sympathy to **Dr. G. E. DeWitt** of Wolfville, in the death of his daughter.

Therapeutic Notes.

NO MORE POULTICING IN THE U. S. ARMY.—In a recent notification by the Surgeon General of the U. S. Army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence the order to the army surgeons to drop linseed and linseed meal from army medical requisitions. —*Virginia Medical Semi-Monthly.*

We highly approve of this order as far as discarding poultices made of putrescible and bacteria-breeding materials is concerned, for that is what has been done by all up-to-date physicians in private practice, but we can hardly recommend the substitute offered. We supposed that every one in this enlightened age was using Antiphlogistine in all such cases because of its cleanliness. Compare Antiphlogistine, renewed but once a day, with hot compresses renewed every twenty minutes and we cannot imagine any one using compresses when Antiphlogistine is available.

SANMETTO IN NEURASTHENIA FROM OVERWORK IN INTELLECTUAL LINES.—I have found Sanmetto useful in several cases of neurasthenia from overwork in intellectual lines, without being associated with sexual irritations or excesses. In these cases where it seemed to do most good there was depression of energy, consequent upon exhaustion of the vital forces. As a tonic in such cases it has proven satisfactory in a number of instances.

Mount Vernon, N. Y.

M. W. VAN DENBURG, M. D.

AN ELIGIBLE COMBINATION.—A number of years ago Dr. James J. Sullivan (University Medical College) New York City, applied the remark, "An Eligible Combination" to a then new preparation of well known synergetic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikamnia & Codeine Tablets, each tablet containing 1/4 gr. codeine and 4-3/4 grs. antikamnia. *A fact which should not be overlooked, is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's codeine and are well worth bearing in mind.*

In the harrassing cough of phthisis, or in the the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of the two drugs composing Antikamnia & Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both the patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve and this tablet does the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.

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No. 5.

Original Communications.

THE RESIDUUM.*

(Concluded from April Number.)

By GEORGE W. T. IRVING, Provincial Education Department, Halifax, N. S.

Among the many contributing causes that help to swell the ranks of the residuum, none plays a greater part than *intemperance*. While the effects of other evils on society may be obscure, this giant monster performs its task so openly and so completely, no man challenges its effectiveness. All students of society agree that intemperance is the most prominent economic and moral problem that confronts the Anglo-Saxon world to-day. However much we may disagree on the means to be used for its extirpation, we are all of one mind on the magnitude of this great evil.

Poverty, with its concomitants, insufficient and ill-cooked food, unsanitary and untidy dwellings, goes hand in hand with intemperance. Which of these two is cause and which is effect is a matter of dispute among workers in this field. Some tell us that intemperance in an individual may be the first open manifestation of a weakened, nervous organization inherited from the past. On the other hand we are told that intemperance is of itself the chief cause of nearly all the misery, vice and crime we see around us.

The following from the "report of the sub-committee of the committee of fifty to investigate the liquor problem," and which is by no means a brief for teetotalism, states both views of this problem very

*Read before N. S. Branch, B. M. A., March 22nd, 1905.

fairly : "It is important to know that the immoderate drinking of alcoholic liquor may be the first symptom of some disease, which when later recognized, is erroneously ascribed to alcohol as the cause. It is furthermore established that many of the mental and nervous disorders of alcoholism, while they are attributable to the toxic action of alcohol, are dependent in large measure upon an underlying psychopathic constitution, excessive indulgence in alcohol rarely producing certain of these disorders in persons of normal constitution. *Inebriety in the parents or more remote ancestors ranks among the important causes of this inherited instability of the nervous centres.* After making the necessarily large but not precisely definable allowance for the share of inherited or acquired, organic or constitutional defects in the etiology of the nervous manifestations of alcoholism, there still remain cases enough in which alcoholic poisoning is the cause of serious diseases of the brain, spinal cord, and nerves in persons of previously normal constitution, so far as can be ascertained." Whether the fondness for intoxicants is owing to an inheritance from the past, or whether it is an acquired taste, it matters but little for our present purpose, as the result is the same with respect to the residuum—an intensifying of poverty. The money spent for liquor is so much taken from the food supply of the already underfed wives and children of the poor.

John Burns, M. P., in a lecture delivered a short time since in Manchester, told the workmen of Great Britain, that "drink is the most important, as it is the heaviest, handicap with which we load our goods in the markets of the world." Taking Whitaker's estimate he says that the amount spent annually by those of the working class who drink is £18 15s 4d per family. As to the consequences of drunkenness, Sir Andrew Clark is quoted as saying, after acting as a doctor at the London Hospital for twenty years, that "seven out of every ten patients there, were there through physical injury caused by drink." He further states that he was informed by a London sanitary inspector that he had never yet served an overcrowding notice except on drinking tenants, and had never issued a notice to abate dirt or nuisance to a teetotaler. The lesson from this, says Burns, is plain. "Drunkenness is next door to dirtiness—often in the same house."

Referring to the influences of disreputable surroundings on the drinking habit, he makes the following statement: "Let the Rev. R. J. Campbell or the Archbishop of Canterbury work in a black ash-shed,

live in a dilapidated hovel in a miserable yard, next door to a railway arch, with a bone factory next door and a guano factory over the way, they would both become chronic dipsomaniacs."

The brutalizing effects of the drink habit upon the inebriate himself, as well as the demoralization of all who come in contact with him, are so well known to you all that it is not necessary to dwell any longer on this aspect of our problem.

It is to another feature of this subject that I wish to draw your attention, that is the effects of inebriety on the descendants of the drunkard. We could afford to be comparatively indifferent if the consequences of intemperance were confined to the inebriate himself, if he and he alone were the sufferer. But unfortunately this is not the case. It is a well established fact that the vice of intemperance in a parent may be visited upon the children unto the third and fourth generations in some form or other.

Dr. Maudsley in his work, "Responsibility in Mental Diseases," says: "A host of facts might be brought forward to prove that drunkenness in parents, especially that form of drunkenness known as *dipsomania*, which breaks out from time to time in uncontrollable paroxysms, is the cause of idiocy, suicide or insanity in their offspring." Dr. J. Ray, in his "Mental Hygiene," says: "As a cause of idiocy in the next succeeding generation, the potency of gross intemperance has been placed beyond a doubt. The transmitted effect of intemperance may also appear in the form of a propensity to vicious courses, or a dullness of moral perception or irresistible impulses to crime." Dr. Anstie says: "The tendency to drink is a disease of the brain, which is inherited. When drinking has been strong in both parents I think it is a physical certainty that it will be traced in the children." To these we might add the opinions of such distinguished writers as Morel of France, Ferri of Italy, Dr. Howe of Massachusetts, Drs. Richardson and Yellowlees, and many others.

Anyone who examines the biographical statistics of any humane or penal institution will be surprised at the large number of inmates whose parents have been addicted to the liquor habit. From the last annual report of the New York State Reformatory at Elmira, we learn that of the 12,041 inmates admitted to that institution during the 27 years of its existence, drunkenness in ancestry was clearly traced in 4145 or 34 per cent., whilst in the case of 1245 the contrary could not be established. In the report of the Iowa Institution for feeble-

minded children, a statement is made of the condition of the parents of these children. Where it could be ascertained, the parents of nearly 50 per cent of these were intemperate and about 12 per cent were epileptic. I had the opportunity of looking into the life history as far as it was possible, of the inmates of one of our institutions and found that about 50 per cent. came from homes where drunkenness prevailed either in one or both parents. Of the remainder very little could be learned, some were illegitimate, some came from other institutions, while of others nothing definite was known. These children were placed there at a critical time in their lives for protection from their base surroundings. It was surprising to notice the large number of mothers who were either feeble-minded or unfit in some other way to manage a household, which unfitness was indelibly stamped on the offspring.

Owing to the limited time at our disposal, I find it necessary to omit the discussion of such subjects as ignorance, disease, and crime, with special reference to the part played by each in creating and fostering the residuum.

Now if we are doing all that is possible to be done for the betterment of the unfortunate and the downfallen, and are using every means to prevent others from drifting into this great maelstrom, then this study has no *raison d'être*; but, if we are not doing for this class all that might be done, any suggestions looking towards improvement should receive consideration. The suggestions I am about to offer are made with some diffidence, as all of you who have thought at all on this problem have some definite ideas upon it. I submit the following, although you may not always agree with what I say, with the hope that it may awaken a greater interest in the lives of the poor and unfit, and result in action in the near future.

Discussing the question of poverty with some ladies, who have been engaged for some time in working among the poor, not only here but in other cities, I was informed that Halifax has a greater amount of extreme poverty according to its population than either Montreal or Toronto. But while we occupy this unenviable position among the cities of Canada, our charities reflect great credit upon our people.

I inquired how it is, that with such large sums expended among the poor, so many cases of want and suffering are found. I was told that there was a large number of people who were pauperized in the

past through indiscriminate giving. These persons exploit different organizations—two or more churches of different denominations at the same time—and reap as rich a harvest as they can from private sources.

When persons of this class find they can obtain aid by making known their wants, they soon lose all feeling of shame in doing so, and begin to claim it as a right. Besides having a bad effect upon the young, almstaking begets wastefulness.

What is obtained for nothing is little valued. Today there is a full supply, eat and drink to satiety, careless of tomorrow's wants. The absence of any knowledge of domestic economy among women of the extreme poor is one cause of their deplorable condition.

To show how easy it is to propagate pauperism: I heard of a case in a New England town where it was the custom to distribute outside aid from the almshouse at stated periods. The superintendent had been connected with the institution in different capacities for fifty years. When he first came there, an old man and his grandson, a mere child, came regularly for help. The old man passed away, but the grandson was still coming, and had been doing so during the whole fifty years. From such examples as this we can see how easy it is to encourage dependence.

Is it not possible to devise some way to prevent this great waste?

Surely some concerted action might be taken by the different churches and organizations by which deserving ones only might be assisted, while the generous public could be protected from impostors. All who are incapacitated to earn a living either through misfortune or for other reasons should be cared for, but all who are fitted both physically and mentally to earn a living should receive no encouragement to lead idle and vicious lives.

Another condition peculiar to our city I understand, is, that the respectable poor are compelled to take lodgings in tenements where they are surrounded on all sides by the disreputable and vile. They locate in these places of necessity, the rents in the reputable quarters being beyond their reach. Home influence, however good it may be, cannot be expected to withstand the demoralizing effects of such surroundings upon the children reared under these conditions.

In permitting this state of affairs, we are helping to increase the number of the unfit. Not only should the respectable poor be able

to find suitable quarters away from the disreputable and vile, but many of the tenements in the city should not be allowed to cumber the ground.

It appears that under the statute the Board of Health has power to condemn a building as unfit for habitation, but it does not seem that it can order its destruction. Every old shanty left standing is a blot on our city that cannot be removed too soon. If a score of our quiet, home-loving women were to visit in a body some of the tenements in our alleys and lanes they would rise in their might and sweep them off the face of the earth with the besom of destruction. There is a philosophy underlying those squibs. We find occasionally in our newspapers about the man putting up the stovepipe losing his temper and making use of language not considered polite. No one feels at his best when working at dirty work. If a few minutes employment at a job that makes us look like a chimney-sweep, ruffles our temper and calls up the old Adam in us all, how can we expect those living amidst filthy surroundings to remain long superior to their environment.

To offer a remedy for the evils of intemperance, now and here, might seem to many like bringing coals to Newcastle. So long and so vigorously has this problem been thrashed out, there does not appear to be anything new that can be said on this subject. However, each of us is at liberty to choose from the different panaceas prescribed the one that would seem the most efficient.

In examining the liquor problem we find two elements, and if either were absolutely removed the other would soon cease to exist. One is the craving for intoxicants in the individual, the other the facilities for satisfying that desire—the saloon. The desire for stimulants cannot be eradicated by Acts of parliament or civic regulations. Its causes lie so deep they can only be removed slowly and gradually. We attempt to cure poor fellows of this habit by sending them to Rockhead for thirty, sixty, or ninety days. By watching the police court records we can see how utterly we fail, by the number of old offenders that come up from time to time, until at last we have reached the acme, in the case of one inmate who has been convicted and sentenced over *one hundred* times in twenty-four years. It is very evident our treatment is ineffective. It seems to me that we might as well expect a hungry dog to guard a bone as to

expect those cursed with the drink habit to refrain from indulging when such excellent opportunities are furnished on all sides for the gratification of their craving.

But the removal of the saloon is well within the power of the state. Why should we permit a few men to buy, sell and make gain from those who can barely get the necessities of life,—I am speaking now of the residuum—while the rest of us have to contribute to the support of families that are thus beggared?

It costs the city over \$30,000 annually for its police force, one of whose duties is to look after drunken men and prevent them from injuring themselves or others. We spend nearly \$6000 more for Rockhead, which is largely used for locking them up out of the way. Our police court, with its staff of officials, has a great deal of its time occupied with drunks. The \$33,000 spent in maintaining our poor-house is largely in consequence of intemperance, either directly or indirectly. These are some of the items to be placed to our profit and loss account. Many more might be found if time would permit. Besides the material side of this problem there are the moral and social sides also. Not only is there great economic waste but there is great moral and social wreckage.

By abolishing the saloon we remove at once the most baneful influence that affects civic government throughout the whole of this continent. The intense activity of those engaged in the liquor traffic, in its defence, when it is attacked, gives a false idea of its power—like the stinging nettle, it only needs to be firmly grasped to show its weakness.

For the sick, whether in body or mind, we are providing in no niggardly manner in the two hospitals for their care. Our schools for the blind and deaf have no superiors in the Dominion. Those little waifs of humanity, cast upon the sea of life without a pilot to guide their course, are tenderly cared for in our orphanages. Our poor-houses, while caring for the poor and needy, are refuges for three other classes that should be domiciled in separate institutions, viz: the harmless insane, the epileptic, and the feeble minded. Under our present arrangement the number in any one class is so small that they cannot be placed in the care of a specialist. It is almost cruel to keep the unfortunate poor of the province in houses where they have as companions the imbecile, the epileptic, and the insane. No extra expense need be incurred; it would only involve a

classification of the inmates of the present institutions with a corresponding distribution of them to different points. "A Royal Commission has been appointed in England to consider the existing methods of dealing with idiots, epileptics, imbeciles, and feeble-minded persons. It is the result of long agitation against unnecessary and harmful detentions in insane asylums."

Of epileptics we should have, according to the statistics of this disease, about nine hundred in the province—that is one for every five hundred of the population. Today we have no special place to send them. Many of course are in poor-houses. When they happen to get into any of our juvenile asylums they work injury to the other inmates.

Ontario is preparing to open, next summer, an institution for the special care of insane epileptics, that will accommodate from sixty to one hundred. Epileptics are closely related to the feeble-minded from the fact that the disease once thoroughly established tends to produce mental deterioration.

But most particularly do I wish to draw your attention to the case of the feeble-minded. This class of unfortunates constitutes a very dangerous element in society, and its increase is viewed with alarm in every country where social problems are being dealt with. In all the progressive States of the American Union schools have been established for their instruction and custodial homes for the protection of the adults. The medical world of England is asking the question: "What are we going to do to check the rapidly growing percentage of feeble-minded born in England." It is stated on the same authority that more than 2 per cent. of all children born in the last decade have been imbeciles. Dr. Potts, of Birmingham, referring to the condition of things in that city, speaks of a Magdalene home filled with girls in their teens, of whom thirty-seven out of ninety-seven were mentally deficient. "He knew one woman, a thorough imbecile, who had given birth to nine children in the maternity ward of the poor-house, all of whom were idiots." This noticeable increase in the number of feeble-minded born in Great Britain followed very closely the marked increase of drunkenness among women. The drinking habit among women has spread very rapidly since they have come into competition with men in the factory, workshop and stores. The superintendent of the Indiana school says: "Seventy per cent. of the inmates of our institution

owe their affliction to hereditary influences ; only thirty per cent. to accidents or disease." Speaking of those uncared for throughout the Union, he says : "Some are wandering about debased and debasing. Many are reproducing their kind, with little or no hindrance. From these neglected or abused feeble-minded persons have come or will come most of the next generation of idiots, imbeciles, and epileptics, and a vast number of the prostitutes, tramps, petty criminals and paupers." These are not the words of sensation-mongers, they are the opinions of men who have had special opportunities of studying this subject. This state of affairs is not peculiar to Great Britain or the United States. We have the same conditions in Nova Scotia and the danger is equally as great. For particular information I would refer you to the very valuable reports of the Inspector of Penal and Humane Institutions, Dr. Sinclair, who has been endeavoring for some years to awaken public interest with respect to the care of all our unfortunates. The feeble-minded woman of child-bearing age is a constant menace to the health and morals of any community where she is allowed to go at large. She is loaded with a double liability to fall—one, a weakness of the will to resist evil ; the other, the possession of strong animal passions. In the meantime nothing short of the complete isolation of these poor creatures will insure us from this great danger until such time as advanced public opinion will permit a surer and more summary method of dealing with it.

Among the many institutions in our midst there is not one specially devoted to the care of this class. If the economic reasons I have advanced are not sufficiently convincing, I would then appeal to the philanthropic spirit of this Christian community to give of its wealth to provide a safe refuge from a cold unfeeling world, for these poor creatures, who, through weakness of intellect, are unable to care for themselves. Here is an opportunity for some benevolent person to perform an act of mercy by starting, even on a small scale, a home for these persons. All of us, however poor we may be, can do something to bring joy and gladness into the lives of these our unfortunate fellow-creatures.

O all of you that hold the gates of vision,
 Fling wide your doors to those without that wait,
 And lead them through the highways of your city,
 And through its temples, ere it is too late.

O all of you that know love's orchard closes,
Bend down the boughs for those beyond the wall
Gather for them from all your wealth of blossoms,
And shake the branches that the fruit may fall.

O all of you made stewards of earth's treasure,
Give while you may the gold that is your trust,
For you shall lie at last where is no giving.
With helpless hands close folded in the dust.

O all you dwelling in the house of learning,
Set forth your pages that the poor may read
The gathered wisdom, that the years inherit,
In haste before you pass beyond their need.

O all of you that know the wells of gladness,
And sing beside them, share, while yet you live,
Your pitcher with the thirsty, ere hereafter
You hear them cry and be too poor to give.

Oh! Give. The road you tread has no returning,
But stretches on into the endless night,
Then give your life, your joy, your gold, your learning,
Lift high your lamp of love and give its light.



TUBERCULOSIS BEFORE THE HOUSE OF COMMONS.

(Speech by Dr. J. W. DANIEL, M. P., St. John, Feb. 20th, 1905.)

DR. J. W. DANIEL, (St. John City): Mr. Speaker, I think the honorable member for Argenteuil (Mr. Perley) who has introduced the subject to us this afternoon is deserving of the thanks of the House and of the people of this country. This is a subject which I think must receive the sympathetic consideration of this government, because I cannot conceive of any government having the interests of the people at heart which by any possibility can throw to one side a matter so important to them as that which has been brought before us this afternoon. The mover of this motion has gone so thoroughly into the matter that it leaves really very little for any one else to bring forward. The subject of tuberculosis has, within the last few years, been brought so frequently and thoroughly to the notice of the people that the movement is having its effect as is indicated by the attitude now taken by the public at large towards this disease. Having been connected with public health matters for a number of years, it has been a matter of great gratification to me to find within the last few years, people in whose home a death has taken place from consumption sending of their own accord to the board of health and asking them to either go and disinfect the house in which the case was or to give them such directions as would enable it to be thoroughly done. I think this is a matter of great moment as showing that the people are beginning to take an interest in the measures which are necessary to prevent the spread of this disease. The great question for us to consider at the present time is: Can the disease be eradicated? For my part, I believe it can, if sufficiently radical means are taken to that end. It will not be the first time in the history of the world that widespread disease has been completely eradicated. Four or five hundred years may be a long time for an individual to look forward to or look backward on, but it is really a comparatively short time in the history of a nation. Some four or five hundred years ago it is calculated that there were no less than 19,000 leper houses in Europe. There were 95 in England alone besides those in Scotland and Ireland.

What has become of leprosy in Europe to day? Do you ever hear of a case? Do you ever see a case? We know very well that leprosy as a disease has entirely disappeared from Europe, England, Ireland and Scotland. How has this been accomplished? I think there is no doubt in the world that it was accomplished by segregating those afflicted with the disease in houses which were plentifully supplied for that purpose. When we compare those ancient leper houses with the sanatoria to which my honorable friend has referred, we must remember that over the former there must always have been written, if not in actual letters, at least in the imagination, "Abandon hope all ye who enter here," while on the other hand if any inscription is written over the doors of these sanatoria it would be one which should give to those entering the greatest hope in the world that they would have some hope upon entering and know that they were not simply going there to die.

Now, Mr. Speaker, it appears to me that there are two points which the government might fairly take into consideration. They may say: What would you advise the government to do? My advice to the government in a case of this kind would be for them to take to their councils those who are expert in this disease, who have made a study of it, who have ascertained what they believe to be the best mode of dealing with it. They should take these people into their councils and act on their advice. My own view of this matter is that there are just two special points for them to consider. The first is a wide dissemination of knowledge all over the Dominion so that the people would have impressed upon them the great necessity there is of observing the rules of sanitation which have been especially prepared in regard to this disease, of putting them in practice and more especially of obtaining an early diagnosis of cases. If Koch's discovery has done one thing more than another that we should be grateful for, it is that it has given bacteriologists an opportunity of diagnosing the disease of tuberculosis even before any symptoms are apparent either of wasting or weakness or indeed any of the symptoms that would be understood or available or could be got at by a physical examination of the chest. If by an early diagnosis of the cases of those people who have sickness accompanied by a cough the presence of the disease can be detected, those people are in the most favourable position imaginable to get a cure. Then, there is the other subject of providing sanatoria. These are the two points, it appears to me

that should be taken into consideration by the government. In regard to the widespread knowledge that is being obtained by the people generally in regard to this matter and especially in connection with the subject of providing sanatoria, I should like to read to the House a short telegram that I read on Saturday night in one of the daily papers :

“TUBERCULOSIS FARMS.

Cigar Workers' Union has under consideration big scheme for combatting the white plague.

Chicago, February 17.—Tuberculosis farms to be established in different sections of the United States by labor organizations for the treatment of union workers with consumption have been advocated by President George W. Perkins of the Cigarmakers' International Union. The Cigarmakers' Union for a month has had under consideration the establishment of such an institution for the benefit of that organization. By a narrow margin the members voted against a plan submitted. A new plan, now in preparation, probably will be adopted. The new scheme is broadened to include other fraternal unions. Perkins' suggestion is for at least four of the largest unions in the country to join hands. According to the plan, farms would be located in North Carolina, the Adirondack Mountains, in the middle west, and on the Pacific coast.”

I simply read that extract, Mr. Speaker, to show to what an extent knowledge of and interest in the subject of tuberculosis is spreading over the world at large. There is no doubt, of course, that this is due in the first place to Koch's great discovery and the practical advantage which the medical profession have taken of that discovery. It is also due, in large degree indeed, to the great activity with which the press of this country have been popularizing all the knowledge that is to be gained on this subject, and also, Mr. Speaker, to the enthusiasm which is being created by the knowledge of the curability and preventability of this disease, among philanthropic people of both sexes, which has induced them to band together and to give their time, their means, their attention and their labor to do all they can to assist in eradicating this disease.

It might be asked: What benefit have these sanatoria exercised upon the health of the people. I think the gentleman of whom I have already spoken once or twice, Professor Koch, might be considered an authority on that matter. The great decrease that has

taken place in the mortality from consumption in this country has been referred to this afternoon by the honorable member (Mr. Perley) who introduced this resolution, and to emphasize that I might say that in the old country the mortality from tuberculosis has diminished at least one half since the establishment of these sanatoria there—and it is well known that some of them have been established there for a number of years. This is what Koch testifies with regard to it :

“The only country that boasts a considerable number of special hospitals for tuberculosis patients is England, and there can be no doubt that the diminution of tuberculosis in England, which is much greater than in any other country, is very largely attributed to this circumstance.”

It is hardly necessary, Sir, in view of the statements that have already been made, and in view of the knowledge which we all have, to endeavor by any lengthened remarks to induce the government to take up this subject to make them feel that there is no doubt whatever of the benefit which these sanatoria possess, but I certainly take great pleasure in adding my voice to that of the honorable gentlemen who have already spoken, and I hope that the government of this country will take this matter not only into their sympathetic consideration, but within the scope of their most sympathetic action.



THE ARREST OF POISONING IN WOUNDS—RELIEF OF PLEURODYNIA BY SUBCUTANEOUS INJECTION OF STERILE WATER.

By J. J. REID, M. D., New York.

The possibility of arresting the poisonous influence of toxin infections in wounds and the resulting systemic infection appeals directly to all, and that this may be done is shown in the report of the following cases, in two of which the patients were seen twelve hours after the injury, and in one evidences of systemic infection had existed for three days.

The credit of this method is due to Dr. Follen Cabot, of New York, who, by his experiments with Rabies virus, showed that after placing the virus in a guinea pig and allowing it to remain twenty-four hours, its poisonous effect might be nullified by opening the wound at the end of that time and treating the virus with strong nitric acid. In his report he shows that in a series of tabulated cases about 95 per cent. escaped the effect of the virus when treated in this way. These results are important in themselves, but they also suggest the possibility of their use in the case of any poison introduced into the system through a wound. They give, also, a solid basis for the use of caustics on dog-bite wounds. This basis was badly needed by all who felt in a half-hearted way that something should be done, although little benefit could be expected.

Case 1.—A stableman, whilst at his work one morning, received a punctured wound of the wrist—presumably from a nail. During the day inflammation set in, and in the evening—twelve hours afterwards—he came for treatment.

The hand was swollen and had the ordinary appearances of cellulitis, with a free discharge of pus from the wound caused by the nail.

The case was not hopeful, but having in mind Dr. Cabot's experiments, the wound was first cocaineized, then cauterized thoroughly with strong nitric acid. After treatment all symptoms abated, and the man was able next morning to resume his work.

Case 2.—A salesman in a butcher shop punctured his finger to the extent of one-third of an inch with a sharp-pointed butcher's knife. This also happened early in the morning. Six hours after pain began in the finger, and after twelve hours the pain became unendurable. The same method was pursued as in the previous case. The relief was immediate and continuous.

Case 3.—The third case was even more interesting than the others, inasmuch as a systemic poisoning existed for three days, and was quickly relieved by cauterizing the wound. The patient was a coachman, and had for a fortnight a wound on one of his fingers. Three days before he was seen pain began in the wound, accompanied by general systemic infection.

It is obvious that the results in these cases open up a large question, and that is, how long after infection can we hope for benefit from cauterization? It can only be answered by extended observation. At the present time it may be said that it is worth while to try at any period, in order to obtain negative as well as positive results.

Many years ago the subcutaneous injection of water was practiced for the relief of thoracic pain, but from the hap-hazard way in which it was used, and from the want of knowledge of the *modus operandi*, the method fell into disuse.

It is pretty well known now that if water is injected into the tissue, the nerves in the vicinity become anæsthetized. All the methods of water anæsthesia seem to rest on this fact.

Case.—A woman with lobar pneumonia complained of pain, not only over the affected lung, but extending down to the lower borders of the ribs. Morphia and other remedies gave only temporary relief. On examining the case closely, it was noticed that the pain was confined to one or two indicated nerves. Two hypodermic syringefuls of sterile water were carried down to that part of the nerve where the pain was most severe. The relief was prompt and continuous.

Retrospect Department.

MEDICINE AND THERAPEUTICS.

D. A. CAMPBELL, M. D., Halifax.

W. H. HATTIE, M. D., Halifax.

CEREBROSPINAL FEVER.

I. C. WILSON, M. D., Philadelphia, contributes an up to date account of this disease. (*Journal A. M. A.*, April 29, 1905). The unusual prevalence of cerebrospinal fever in New York City, for some time past, has excited considerable interest in this disease, and already many contributions of value have appeared in the medical press. This disease was first recognized as a distinct affection about the beginning of the nineteenth century. Since that, many epidemics have occurred in America and Europe. The only recorded outbreak of this disease in Nova Scotia occurred during the winter and spring of 1873. It was confined mainly to Halifax, and was attended with a very high mortality. Sporadic cases conforming closely in type to the epidemic variety have been reported from time to time, but the diagnosis has not been confirmed by anatomical or bacteriological investigation.

Wilson defines cerebrospinal fever as "an acute infectious epidemic disease caused by the *diplococcus intracellularis meningitidis*, characterized clinically by sudden onset, with headache, vomiting, and painful contraction of the muscles of the back of the neck, irregular fever, profound nervous symptoms, rapid course and high death rate; anatomically by inflammation of the meninges of the brain and cord." The micro-organism believed to be the specific exciting cause was first described by Weichselbaum in 1887, and his researches were confirmed by Jäger (1895) and by Councilman (1897). The pathogenic organism is confined to the lesions of the disease, and is obtained during life in the fluid removed by lumbar puncture, and after death in the meningeal exudate. The cerebrospinal fluid is usually more or less turbid. The organisms are usually found within the leucocytes. It can be grown but with difficulty on suitable culture

media. It is an organism of feeble vitality, dying quickly on exposure to drying and light, and is incapable of a saprophytic existence.

Cerebrospinal fever does not appear to be a catching disease. It is rare to have more than one or two cases in a house. Some recent accounts suggest the possibility of the disease being transmissible from person to person. In respect to predisposing causes climate appears to have little influence. Outbreaks are more common and extensive in the winter and spring than in the warm seasons of the year. Densely populated cities and sparsely settled farming districts are alike subject to its prevalence. Damp, overcrowded, and unclean habitations favor its spread and persons living on the ground floor are especially apt to suffer. Children and young adults appear to be more liable to contract the disease. Among adults, males are more frequently attacked than females. The period of incubation is unknown. The onset of the attack is usually abrupt. The disease presents a great diversity of symptoms. No other acute malady appears in such various guises. Fever is constant but irregular, and symptoms referable to the cerebrospinal centres predominate. Cutaneous eruptions are common, especially herpes of the lips and nose. Complications and sequels are numerous and severe. The average mortality is about 40 per cent. It is less fatal than other forms of meningitis.

The diagnosis of cerebrospinal fever is attended with difficulty in sporadic cases or at the beginning of an epidemic. In addition to the clinical manifestations, special diagnostic features, such as Kernig's sign and lumbar puncture are available. Kernig's sign is present in a great majority of the cases, in probably more than four out of every five. Kernig's sign is the impossibility of producing complete extension of the leg on the thigh when the thigh is flexed at right angles to the abdomen. The value of this test is lessened by its occasional absence in typical cases, and by its presence in other diseases attended with irritation of the central nervous system.

When practical, lumbar puncture should be performed. The method is easy and devoid of danger. The fluid removed is rather turbid and the presence of the specific micro-organism can be shown by microscopic and cultural tests. Occasionally this test will fail to give positive results.

The old treatment of the disease consisted chiefly of blood letting, mercury, liberal doses of opium, iodide of potassium, and the

application of cold to the head and spine. Among the recent plans of treatment may be mentioned, the hot bath as suggested by Aufrecht; lumbar puncture to relieve intracranial pressure; lumbar puncture followed by injection of antiseptic fluids; bichloride of mercury injections along the spine, and diphtheria antitoxin in large doses.

A hot bath proves remarkably soothing in some cases, and may be repeated from time to time. Lumbar puncture relieves pressure symptoms, but requires repetition. The injection of antiseptic fluids into the spinal canal has been practised to some extent, but no striking results have been obtained. It is of interest to note that the spinal cord tolerates irritants to some extent, and that fluids injected into the lowest part of the canal may pass upward to the brain.

Dr. Waitzfelder, of New York, (N. Y. Med. Red., March 11, 1905) reports the treatment of a series of seventeen cases of cerebrospinal fever by anti-diphtheritic serum. Of these seventeen cases, five completely recovered; three died; nine were still under observation (at the time of the publication of the article) of whom five, it was thought, would recover, four being doubtful.

The employment of diphtheria antitoxin was based on an antagonism which was found by Wolff of Hartford, Conn., to exist between the *diplococcus intracellularis meningitidis* and the Klebs-Loeffler bacillus and their products. A dosage of from 4000 to 10,000 units of the diphtheria antitoxin was used. Since the publication of the paper the method has been extensively tried by many practitioners, chiefly in New York City, with indifferent results, as indicated by a recent discussion at the New York Academy of Medicine.

The following plan of treatment will probably yield the best results. The room occupied by the patient should be darkened and quiet. The diet should consist of milk, eggs, meat juice, and broth administered at regular intervals. Cold should be applied to the head and spine by means of ice bags. Laxative doses of calomel should be given in the early stages of the disease. Opiates are indispensable and should be given in sufficient quantities to ensure quiet. Hot baths as warm as can be borne are worth a trial. Antipyrin may be given in combination with opiates, or alone in some cases.

If pressure symptoms are marked, lumbar puncture should be performed and repeated at intervals. Complications may demand other measures.

INTERLOBAR EMPYEMA.

SIR WM. BROADBENT (*Pract.* Feb., 1905) calls attention to the occasional occurrence of the accumulation of pus between the lobes of the lungs, and its retention in this situation by firm adhesions along the lines of the fissures. Such a possibility should be suspected if the general symptoms are suggestive of empyema, with absence of the usual physical signs, such as dullness at base of the chest and inability to obtain fluid by exploratory aspiration. In this condition there may be a variable impairment of resonance on percussion, and signs pointing to an imperfect entry of air, chiefly from the upper to the lower lobes and back again, without obvious cause, except perhaps the position of the patient. The amount of imprisoned pus may be so great as to cause compression of the lobes of the lung, and displacement of the heart. Pus in this situation may make its way to the surface, or burst into the pleural cavity or a bronchus, the last mode of termination being not an unlikely one. In a suspected case, should exploratory puncture demonstrate pus, it must be evacuated, and provision made for subsequent drainage.

PROBLEMS RELATING TO SIMPLE ULCER OF THE STOMACH.

BEVERLEY ROBINSON, (*N. Y. Medical Record*), discusses at length the subject of gastric ulcer as it presents itself to-day from the standpoint of the internist and the surgeon. The cases in which surgical operation (excision and sewing up of the ulcer, or gastroenterostomy) effects a cure are those of acute ulcer, or in which the hemorrhage is sudden, profuse, repeated, and in the menace to life too great to await the slower results of medicinal remedies, or hygiene and time; or those of chronic ulcer, in which the abundant, recurrent bleeding shows that the degenerated, gaping artery of the diseased surface may be obstructed for a while with a clot, but will soon, through its removal, bleed afresh. Here there is but one way to obtain a cure and that is through an operation. In cases of perforation of the stomach from any form or of any duration of ulcer, the formal indication is to operate, and the sooner the operation is performed, the greater the chances of saving life. Instances of cure without operation are known and recorded, but they are very infrequent, and unless special conditions prevail, such as empty stomach, very small opening from ulcer in stomach, chronic adhesions to adjacent organs, etc., even

these instances would not have been possible. In general, however, the author's attitude toward surgical treatment of gastric ulcer is conservative, for as yet the results following operations are inferior to those obtained by proper medical care, especially in cases occurring among patients in affluent circumstances, who seek the best medical advice in the beginning, and can carry out with intelligence the necessary dietary and remedial regimen. Such cases sooner or later get well without surgical interference, their hemorrhages are infrequent and relatively slight, and perforations very rarely occur. For the details as to etiology, diagnosis, prognosis and treatment, both medical and surgical, reference must be made to the original.

THE TREATMENT OF EPILEPSY IN CONNECTION WITH AUTO-AND HETEROTOXIS.

A. McL. HAMILTON, (*N. Y. Medical Record*, December 3, 1904,) expresses a hopeful view of the treatment of epilepsy, and says that many apparently hopeless epileptics can be greatly benefited, if not cured, by a rational method of treatment and avoidance of indiscriminate and routine bromide giving. The experience of the author, as well as that of numerous other investigators, bears out the view that toxæmia enters much more largely than is generally supposed into the pathogeny of epilepsy, and it would appear that the occurrence of the fit betokens the accumulation in the body of some particular toxic agent, the presence of which gives rise to a convulsion when the limit of cell tolerance is reached. These toxæmias may be of gastrointestinal origin, or due to the introduction into the circulation of certain familiar cocci, or lastly and especially, may be consequent on the generation and accumulation of cholin in the blood, through the breaking down of nerve tissue. The author discusses in detail the plan of treatment that must be used to combat such conditions, and summarizes the principles of a rational therapy as follows :

1. We should, besides every measure that will favor elimination, regulate the dietary so that the idiosyncrasies of the individual should be taken into account, but nitrogenous food should be interdicted as far as possible. No large quantities of food should be taken at any one time.
2. If intestinal autoxis exists, cholagogues and appropriate ferments, as well as antiseptics, should be prescribed.
3. Everything

should be done to prevent the lighting up of gross intracerebral pathological processes, and the resulting formation of cholin. The equilibrium of the arterial pressure should everywhere be maintained.

4. The bromide should be given only in doses sufficient to diminish the activity of the cortical motor cells.

TREATMENT OF CHLOROSIS.

The essential points to keep in mind in the treatment of chlorosis are :

1. Rest in bed in a well ventilated room, or on a couch in fresh air. When improvement has taken place, graduated exercise in the open air should be advised.

2. A light nutritious diet. The continued exhibition of raw meat or raw meat juice is distinctly beneficial. A moderate quantity of claret daily with food is also helpful.

3. Regulate the actions of the bowels carefully. Aloin or a preparation of cascara should be given every night, and a saline cathartic in the morning.

4. Bland's Pills, or preferably the capsules containing Bland's mass in gradually increasing doses. The exhibition of iron should be continued for some weeks after apparent recovery. In bad cases attended with some water-logging of the tissues give alkaline diuretics for a week before commencing the administration of iron.

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Editorial.

MOVABLE KIDNEY.

The diagnosis of movable kidney is comparatively easy, hence it is difficult to understand why the condition escaped recognition until quite recent times. The treatment of movable kidney by retentive appliances has been so unsatisfactory that most physicians usually prefer to conceal the diagnosis, and only recommend a surgical operation when the displaced organ causes pronounced suffering. The eminent surgeon, Sir Frederick Treves, of London, contributes a paper worthy of note, (*Practitioner*, Jan., 1905), inasmuch as he has devised a special truss which, if carefully adjusted and worn for a year or two, will afford permanent relief in the great majority of cases of movable kidney.

The description of the method of treatment is prefaced by a general account of the conditions, which contains some points of interest. The kidneys lie in recesses on either side of the spinal column, under the cartilages of the seventh, eighth, ninth and tenth ribs, the upper end of the left kidney reaching as high as the ensiform cartilage, and the same point of the right kidney reaches almost to that level. They lie somewhat lower in women and children. The kidneys are invested by that extension of the sub-peritoneal tissue which is known as the perirenal fascia, and are immediately surrounded by fat.

The organs are maintained in position by the fascia and fat which surround them, by the general pressure of the abdominal viscera, and to a minor degree by the renal vessels. Much support is also derived from the configuration of the gutters in which they are lodged. The

peritoneal covering has little effect in holding the gland in place, being loosely attached to the fascia and fat. The normal kidney moves on respiration, but Treves thinks that the range of movement is slight.

The etiology of the condition is obscure, and little is definitely known about the progressive tissue changes leading to it. This can be said, that it is infinitely more common in women than in men, that it is more frequently met with on the right side, and that most of the cases are discovered between the ages of 25 and 50. A large proportion of the women who are the subjects of movable kidney are individuals of feeble muscular development, of lax tissues, with flabby abdominal walls, and with possibly a tendency to general enteroptosis. Rapid loss of intra-abdominal fat is possibly a cause, also injury. There is no evidence that tight-lacing induces the condition. Certain cases may be congenital. The movable kidney is usually normal, but often appears to be larger than normal, this being probably due to variable thickness or rigidity of the abdominal wall. The movable kidney may become the seat of hydronephrosis, this, no doubt, being due to repeated kinking or acute bending of the ureter, whereby the escape of urine is interfered with. The displaced organ may become the seat of calculus, tuberculous disease, and of a malignant growth. A displaced kidney, in the course of time, may become fixed by adhesions in an abnormal situation.

There is scarcely one abdominal or other symptom that has not been credited to movable kidney, from mere peevishness to agonizing renal pains.

The classical picture would probably be—asense of dragging in the abdomen, a dragging from the loin, attended with an undefinable discomfort and feeling of weakness. This discomfort may pass into actual pain, which pain may follow the lines accredited to renal pain, or may radiate down the thighs and legs and across the back. There may be some undue frequency of micturition, but this is uncommon. Added to this would be certain evidences of abdominal disturbance, such as dyspepsia, flatulence, and constipation. The symptoms are increased by movements, especially by jolting, and the patient is disposed to walk and stand as little as possible. Over and above such manifestations as these come that congeries of troubles which belong to what is known as neurasthenia.

The literature would rather encourage the idea that the only treatment is operative. The operation of fixing the kidney in position is neither difficult nor dangerous. Possibly the mortality at present is not more than one per cent.

Treves thinks that the operation is followed by failure oftener than is commonly supposed, and apart from mere failure to secure replacement, the procedure has been followed in certain instances by neuralgia, sometimes renal, sometimes radiating down the outer side of the leg into the foot. Up to 1895, in common with other surgeons, Treves regarded operation as the only treatment, but he now considers that it should be resorted to not as the first, but only as the last resort, and he reserves it for cases in which torsion symptoms have occurred, or where the patient cannot manage the truss, or derives no benefit from its use.

When operation is not in question, Treves treats by a month's rest in bed, with careful feeding and attention to the digestive functions, and general massage. This will not fix the kidney, but it will rid the patient of the symptoms. For the rest, he depends upon a special truss which he describes and illustrates. With the truss, pressure can be made at two points by two springs, on the inner and lower borders, so as to press the kidney upward and outward. The apparatus demands careful adjustment. Since 1865, 300 cases have been treated in this way, and with success in 95 per cent.

The truss can be dispensed with after being worn one or two years.

PHYSICAL TRAINING.

The multiplication of magazines which profess to set forth the merits of physical culture, and the numerous advertisements of exponents of various "systems", have combined to call to the attention of the laity a matter about which the average practitioner is perhaps not sufficiently well informed. Some, at least, of these magazines are filled month after month with a mass of nonsense which, while it may not be harmful, is certainly devoid of value; some are pernicious to the point of immorality. And those who advertise their desire to teach physical culture by correspondence are, most of them, but cunning quacks, whose methods of money making are quite comparable with those who prey upon "weak men." Nevertheless, the mere fact that such magazines and such "instructors" exist and flourish is a clear indication that the public in a hazy way appreciates the value of physical training, and that there is always a goodly number ready to receive the benefit which a proper course in gymnastics is capable of giving. It is well from both medical and financial points of view that members of the profession should take a cue from the evident tendency of the time, and should devote some intelligent consideration to the problems entailed.

The experience of military organizations is overwhelmingly in favour of a judicious system of physical drill. Largely as a result of the educative movement organized by several members of the Aldershot gymnastic corps who have at one time or another resided in Halifax, a system of free gymnastics has become an integral part of a number of the institutions of Halifax, and everyone admits that much benefit has resulted to those who have had the advantage of such courses. The instructors generally have been men of good judgment, who have intelligently gauged the capacity of each member of their classes, and who have been careful to overtax none. Frequently they have appealed to physicians for advice as to the quantity and kind of exercise which should be imposed upon special cases. So we have had an opportunity of witnessing the effect of a sanely conducted system of physical culture, and are able to bear testimony to the good which it may accomplish.

So many of our patients are compelled by their occupation to lead sedentary lives, that it often happens that the best prescription which

could be given would be an appropriate series of exercises. In the summer and autumn seasons, suitable out-door recreation might be preferable, but for the winter and early spring months, something which may be taken in-doors is usually necessary. But exercise should not be ordered in a haphazard way. Just as much care should be used in its prescription as though a drug were being ordered. That it may be advised intelligently, the physician should know the full effect of each exercise, and there is no way by which he may better gain this knowledge than by practical experience under a competent instructor. Usually after a time, the routine compelled by nearly every system becomes more or less irksome, and it is necessary that the patient become enthused by words of encouragement and admonition from the physician; and one who has had personal experience of the results to be obtained is likely to succeed better in impressing the patient than one who knows of these exercises only by description.

It is unnecessary to dwell upon the danger which some enthusiasts run of going to extremes and—in athletic parlance—becoming stale. This can only merit the condemnation of physicians. This applies to all forms of athletics quite as forcibly as it does to the quiet but over strenuous devotion to free gymnastics or dumb-bell drill. That enough is as good as a feast is a truism which should always receive recognition.

CANADIAN MEDICAL ASSOCIATION.

A meeting of the Executive Committee of the Canadian Medical Association was recently held, and reports were received from various sub-committees.

It is now definitely arranged that the meetings of the Association will be held in the fine new hall of the School for the Blind. This is a very suitable place, central, easy of access and in a quiet neighbourhood. In addition to the central hall, the kindness of Mr. Fraser Superintendent of the School, places at our disposal several smaller rooms; there will also be a post office and probably special telegraph and telephone service.

The chief anxiety of the executive at present is the usual difficulty—to wit, finance.

Only one County Medical Society, that of Pictou, has been heard from officially, and the Executive would be glad to hear from the Secretaries or Treasurers of the various societies, or from individual practitioners, where there are no societies.

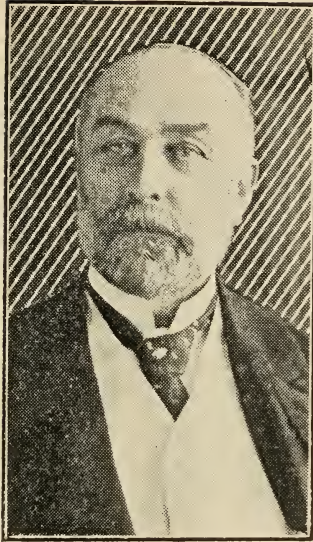
Very much of the success of the meeting will depend upon the way in which we are able to entertain our visitors, and while the Executive desire to avoid all extravagance, they are anxious to provide suitable entertainment for the members of the Association, and make their visit to Nova Scotia a pleasant one.

A very cordial letter has been received from Mr. Edmund Owen of London, England,³ whose address on surgery at the Ottawa meeting of the Association, was so much appreciated. He regrets his inability to be present with us, but sends his greetings and best wishes for a successful meeting.

Another interesting communication is an invitation to the President and Office-bearers of our Association, from the President and Committee of the South African Medical Congress, to their meeting, to be held at Pietermaritzburg, Natal, in June.

Definite arrangements with the railways cannot be made until the summer time-table comes into force, but the usual reductions have been promised.





DR. C. E. PUTTNER, PROFS. PRACTICAL MATERIA MEDICA,
HALIFAX MEDICAL COLLEGE.

HONOR WHERE HONOR IS DUE.

It will be gratifying, we are sure, to the medical profession in Nova Scotia, and more particularly to the one hundred and fifty or more practitioners who have learnt practical pharmacy at his hands, to learn that the Halifax Medical College has acknowledged the debt the medical men of Nova Scotia, and in fact far beyond the provincial limits, owe to Mr. C. E. Puttner, Ph. M. At the annual meeting of the college, it was on motion unanimously voted and confirmed by a standing vote, to confer on him the honorary degree of Doctor of Pharmacy. This is the first occasion on which the Medical College has exercised the privilege granted by its charter, of conferring an

honorary degree in medicine or the allied sciences ; and we feel sure that the profession of Medicine and Pharmacy throughout the Maritime Provinces will agree with us, that there could be no more worthy recipient of the honor.

Throughout a long career Dr. Puttner has exercised a very potent influence for good not only in his own profession and the allied profession of medicine, but extending far beyond the borders of either.

Few men in either profession have brought into more intimate relations with the sick poor, and none has with less ostentation extended the hand of charity and helpfulness to those needing assistance. Throughout his life in Halifax, his connection with the Halifax Dispensary, and with the Provincial and City Hospital—later the Victoria General Hospital—has brought him into intimate contact with the sick and indigent, and he has stood as an intermediary in the transfer to these, of charity from their more fortunate neighbours; while the cry of the sick poor has never passed unheeded by him, it is safe likewise to say,—such is the confidence placed in him, that he never asked for a charitable subscription from the well-to-do which was not willingly given.

The Masonic bed in the Victoria General Hospital, supported by Virgin Lodge, is a substantial proof of his energy in suggesting and establishing good works, while the Masonic endowment at the Old Men's Home bears evidence to the same fact.

Dr. Puttner was born in New York and came to Halifax in 1867, on a blockade runner from Raleigh, North Carolina.

He became pharmacist to the City and Provincial Hospital in 1872, and for 10 years was also Dispenser to the Halifax Dispensary. He continues after 33 years to occupy the position of pharmacist and bursar to the Victoria General Hospital.

In Freemasonry he has been Master of Virgin Lodge No. 3, R. N. S., and Treasurer for 15 years. He has taken the 32°, and is now District Deputy Grand Master, District No. 1.

In 1874 he joined the staff of the Halifax Medical College, and has continued from that time to teach pharmacy in that Institution—where he is also Treasurer and a member of the Executive Committee.

For 16 years he was an officer in the 66 P. L. Fusiliers, retiring with the rank of Captain.

THE NEWS joins in extending to Dr. Puttner its most hearty congratulations.

Society Meetings.

N. S. BRANCH, BRITISH MEDICAL ASSOCIATION.

March 22nd, 1905. Meeting at City Council Chamber, President C. D. Murray in the chair.

Dr. W. O. Farquharson, of Glen Margaret, Halifax Co., was regularly elected to membership.

Mr. G. W. T. Irving read a very interesting paper on Criminal Sociology, which was much appreciated by the members of the branch. (Published in April and May numbers.) This paper was discussed at some length by Dr. Bryce, of the Immigration Department, who emphasized the importance of environment in bringing out or retarding evidences of degeneracy. Treatment in these cases should be directed to "building back toward the normal."

Dr. Hattie complimented Mr. Irving and Dr. Bryce on their treatment of the subject. He regarded heredity as being a decided factor, as well as environment. He referred to the small personal history of alcoholism in patients at the Nova Scotia Hospital for Insane.

Dr. Hattie, in concluding his remarks, moved a vote of thanks to Mr. Irving and Dr. Bryce, which was presented to those gentlemen by the President. Meeting adjourned.

April 5th, 1905. Meeting held at City Council Chamber.

Dr. C. P. Bissett, M. P. P., read a most interesting paper entitled, "Some experiences during fifteen years' general medical practice." (Published in April issue.)

Most of the members present mentioned unusual cases met with. Dr. Chisholm mentioned a case of inversion of the uterus of three months' duration, which he had operated upon successfully.

Dr. Hawkins reported a case of ruptured urethra, in which he had immediately sewed up the tear, with excellent result.

Dr. Farrell spoke of a case of double phlegmasia alba dolens following acute catarrhal appendicitis.

Dr. Ross mentioned a case, presumably of bullous syphilide, which had been previously seen by Dr. Robinson, of New York, the diagnosis being doubtful. Under heavy dosage with potassium iodide recovery ensued.

A case of dendriform keratitis was reported by Dr. Kirkpatrick. Dr. Finn spoke of a case which had been treated by the late Dr. Farrell for acute caries of the cervical vertebræ, about twelve years ago. When Dr. Finn saw the case, recently, the young man was in good health. Treatment had consisted of a plaster jacket with a jury-mast.

After a few remarks from Dr. Bissett, a cordial vote of thanks for his interesting paper was tendered him. On motion, the following resolution was passed: "That this Association record its appreciation of the very intelligent and successful efforts of Dr. Bissett, in the Provincial Legislature, on behalf of the medical profession of this Province." Carried unanimously. Meeting adjourned.

Personals.

Dr. H. M. Hare has returned from his trip to Newfoundland.

Dr. W. F. Smith sailed on the "Victorian" on her last trip from Quebec, to take up post graduate work in London for some months.

Dr. W. H. Hattie is looking well after his recent visit to Texas and Mexico.

Dr. M. A. B. Smith has returned from Baltimore where he devoted most of his time with Prof. Hemmeter.

The following recent graduates of Dalhousie comprise the new house staff of the Victoria General Hospital: **Drs. V. N. McKay, T. G. MacDonald, D. R. MacDonald, G. A. McIntosh and J. I. O'Connell.**

Dr. W. H. Eagar has taken up his residence at 231 Pleasant Street.

Dr. J. L. Potter, of Glenwood, Newfoundland, spent a few days here on his way to New York to visit his mother who is very ill in that city.

Dr. M. G. Archibald has removed from Upper Musquodoboit to Kamloops, B. C., and is replaced by **Dr. G. W. Whitman**, formerly of Shubenacadie.

Dr. G. M. Campbell, has been elected alderman for Ward V of this city by acclamation.

Book Reviews.

Charities Reports.—Thirty-eighth report of the Victoria General Hospital, 1903-4; forty-seventh report of the Nova Scotia Hospital, 1903 4; thirty fourth annual report Halifax School for the Blind; forty-seventh annual report of the Institution for the Deaf and Dumb, Halifax, N.S., 1904; report on Penal Institutions; Dr. Reid's Report.

We have read a good deal about the prosperity of Canada, and we presume Nova Scotia enjoys some of this prosperity. Notwithstanding the collapse of badly managed banks and the inevitable losses of a few wiseacres who undertake to wrest fortune from the bucket-shop we believe Nova Scotia is prosperous. We have only to consider the well fed, well dressed, cheerful crowds that throng our streets, the evidences of wealth, and luxury demanding satisfaction, which are afforded by the shop windows of Granville and Barrington Streets, the surging mobs that besiege the theatres, to be convinced that in Halifax, at all events, some people have "money to burn." There is therefore a grim irony in the reports of our charitable institutions, for there the iterated end reiterated cry is the cry of the penniless. The Victoria General Hospital, managed with conspicuous economy, suffers from the want of necessary extension and equipment. It is the same in the case of the Nova Scotia Hospital for the Insane. The financial outlook in the School for the Blind is, in the words of its most able and hopefully spirited superintendent, "a source of great concern." The report of the directors of the Institution for the Deaf and Dumb, announces that they are about two thousand dollars in debt.

The fact we are all too selfish, or at least forgetful of the claims of the poor, the suffering, the disabled. The amount of money contributed by the people of this province to works of mercy might be doubled with no strain. And how much better to give cheerfully than to give through the compulsion of taxation.

But the question of taxation, in this country, is ridiculous. People complain of their taxes. Do they consider the matter? The heaviest tax rate in the country is too small. Many a man chews as much tobacco in a month as would pay his taxes for a year; and twenty five per cent. of the money spent on candy in this city would endow a bed in the hospital.

And even from a selfish standpoint it is a most shortsighted policy to be niggardly towards these charitable foundations, for they save money for us in the long run. The restoration of health, the preservation of limbs, may restore a workingman to the support of his family, who else would become a charge on the community. The blind child, who would grow up a helpless drag on the slender resources of a laboring man's family, may be so educated as not only to earn his own livelihood, but to do so with cheerfulness and happiness.

If the people of our province could only see what is being done in our hospitals and in these admirable schools for the blind and the dumb, we are convinced they would cheerfully double their subscriptions, and would applaud a government which would make larger grants. It is positively painful to find in one report after another the same sad complaint of want of means.

We drew attention on a previous occasion to the preposterously low charges for private wards in the Victoria General Hospital. It does not seem fair that a patient, who feels that he cannot afford a private ward may yet pay seven dollars a week in the public ward where the man in the next bed may perhaps pay nothing, and a third, for two dollars a week more, may have all the comforts and advantages of a private ward. We think that nothing less than twelve dollars a week should be charged for a private ward.

There is no disguising the fact that there is much dissatisfaction throughout the province with the hospital, not on account of its management or the skill of its staff, but because of the difficulty and delay in getting admission. It is possible, as some have hinted, that some patients are kept in the hospital much longer than is necessary, but it is much more likely that what is wanted is increased accommodation.

We would draw attention to the remarks of the superintendent (pp. 10 and 11) on the admittance of patients, and, from all we hear, there is good reason for believing that many people, very well able to pay a fair amount, both for their bed, board and nursing, as well as for medical attendance, are being treated as charity patients.

We regret to note that the recommendation of the Medical Board as to the preservation of pathological specimens is still neglected.

In looking over the statistical tables we are somewhat puzzled with the arrangement. For instance, under the medical division, are mastoid abscess, carcinoma of the uterus, senile gangrene of foot, lacerated cervix, and sprained ankle, which we were accustomed to consider as falling under a surgeon's care, while in the surgical division we have subacute colitis, general debility, and delirium tremens.

In Dr. Hattie's report we note the new classification of mental diseases, according to Kraepelin, and we have again to notice the very serious opinion as to "a steady increase in the occurrence of insanity." This should give food for reflection. It is also very uncomfortable reading to find that the overcrowding at this hospital is becoming so great as to constitute a menace to the physical health not of the insane inmates alone, but of their attendants.

We are glad to note in Mr. Fearon's report to the directors of the Institution for the Deaf and Dumb a plea for the provision of an institution for the feeble minded of the province, a scheme so earnestly urged by Dr. Sinclair in his reports.

It is just a year ago today (Ap. 19, 1904) that the new building for the School for the Blind was formally opened. This building is a credit to all concerned, to directors, to superintendent, to architect and contractors. We take a special interest in it, for we hope to be able to secure it for the meeting of the Canadian Medical Association next August. The main hall is a particularly fine room, and every attention has been paid to sanitary conditions. Alas! there is a deficit of \$20,000 on this building.

We wish to draw special attention to some paragraphs in the report of the superintendent, Dr. Fraser. No less than fifty per cent. of the graduates of the school support themselves by teaching music, or by pianoforte tuning. Without the inestimable blessing of this school these persons would be sitting in darkness, helpless and practically useless.

Another sphere open to the graduates of the school, and one of much interest to our profession, is the practice of massage. There should be a large and increasing field for this art.

It is with pleasure that we read the following paragraph in Dr. Fraser's report, one which we commend to the attention of all who are interested in education. "No effort" he says, "is being spared in the physical development of our young people. Without this development of muscle and nerve their training in the other departments of the school would be of little practical value. With this development, their chances of success in this work-a-day world are greatly improved."

In Dr. Sinclair's Report on Penal Institutions we notice the same painstaking and conscientious spirit as has always distinguished his Reports. It is cause for regret that his suggestions as to improvements in the construction and management of our jails are not more promptly adopted. There is, very evidently, room for improvement, and, as it seems to us, there is no improvement so necessary as the provision of jail yards and of work for the prisoners. In Antigonish, Digby, Sydney and Guysborough, little has been done to remedy defects formerly indicated, and in all these cases the fault appears to lie with the municipal authorities. A most pleasant contrast is to be noted in Yarmouth, where there is a good building, scrupulously clean, and in excellent order, and where work is done by prisoners.

This question of work in jails leads to the consideration of the management of the criminal classes and the establishment of Reformatories, and Dr. Sinclair calls attention to the "indeterminate sentence," and to the proposal to adopt for juveniles and other offenders sentenced to reformatories, the plan of empowering judges to order indefinite detention.

Only in some such way as this can the deserved punishment of the youthful offender, which, under present conditions, only confirms him in his idle, useless and dirty life, become a means of correction and "instruction in righteousness."

There is no greater cause of crime in the young than idleness, and it seems an absurd thing that crime should be punished by enforced idleness, and that in unsanitary conditions, physical and moral.

There are many points of interest in the Annual Report of Dr. A. P. Reid, Chief Health Officer of the Province, but we shall advert at present to one only, and that is to the question of Vital Statistics. Until we have some definite, thorough and comprehensive system of registering births and deaths, our statistics are valueless. As Dr. Reid indicates, there are more ways than one in which such statistics are valuable. It is from a study of carefully prepared statistics of public health that we learn our exact position as regards hygiene, or, in other words, take stock of our public health. This is a national question, and should be attended to by the Federal government.

In Nova Scotia we once had a fairly-good system of registration; but we have fallen behind. If legislation cannot be secured for the whole Dominion, it still should be possible for this Province to establish a Bureau of Vital Statistics.

A Book about Doctors. By JOHN CODY JEFFERSON. (Volume IV. of the Doctors' Recreation Series, Charles Wells Moulton, General Editor). Published by the Saalfeld Publishing Co., New York, Akron and Chicago.

The "Book about Doctors" is an interesting compilation of brief biographical notes, scraps of gossip, and short "character sketches" of a large number of those whose names are prominent in the early history of English medicine. It tells of the foibles and eccentricities of those who have gone before, and of the peculiar fashions which have prevailed amongst medical men at various times, always in a kindly way, and with such illustration from general literature as to give a distinct and very pleasing flavour to the work. There is a deliberateness and attention to detail and literary nicety in the writer's style, which is in restful contrast with much of the literature that is being flung at us to-day, and which recalls that of the older essayists. Much of the material has been collected from old manuscripts hidden away in various collections, and now made public for the first time. The book is a large one, but it contains so much that is of value, and is always so readable that one's interest is maintained to the end. The volume, like the previous ones, is well made and attractively bound, and should prove very popular with those who are fair enough to themselves to wish to know something of the work and character of the old masters in our profession.

The Delineator for May. In the May *Delineator*, Dr. Grace Peckham Murray, gives some suggestions in regard to "The Child's" Bath, which will be appreciated particularly by young mothers:

"The ideal bathtub for cleanliness is of glass, but this is not practical in the ordinary house. It is very heavy, and is liable to be chipped or cracked or broken. For the tiny baby, a foot tub or a large oval dishpan of enamel ware, which is not expensive, answers very well. There is a great variety of opinion in regard to the giving of a child's bath. Those who believe in cold baths recommend a very low temperature, and think that it toughens and hardens the skin, and that even the child of months should be dipped into a cold bath, then rolled up in a blanket without further drying. Others think that the bath should be given very hot. Certainly for cleanliness this is necessary. The depth of the water is recommended by some to come to the naval of the infant. It is better, I think, and the child is less likely to take cold, if he is covered up to the neck with the water, which then wraps him about like a garment. I also think for a very young child the water should be very warm—certainly not under 85 degrees. The wash cloth is either of soft linen or cheese-cloth, and should be fresh every day. It should be boiled and dried in the sun after using. This is important for the adult, and much more so for the tender skin of the baby which is more susceptible to impurities. Sponges should not be used, as it is impossible to keep them perfectly clean. The temperature of the room in which the bath is given should not below 70 degrees."

J. B. Lippincott Company announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett, of the Third German Edition of the "Principles of Clinical Pathology" by Dr. Rudolf Krehl, with an introduction by Dr. Wm. Osler, of John Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under the Interim Copyright Act.

New Books Received.

A Text Book of Obstetrics By Adam H. Wright, B. A., M. D., M. R. C. S., Professor of Obstetrics; University of Toronto. Cloth \$1.50. Published by D. Appleton & Co., New York.

Chemical and Microscopical Diagnosis. By Francis Carter Wood, M. D., Adjunct Prof. of Pathology, College of Physicians and Surgeons, Columbia University. Published by D. Appleton & Co., New York. Price Cloth \$5.00, Half Leather \$5.50.

Subscribers are respectfully asked to refer to advertisement of M. R. Benn. His terms for supplying the newly revised Standard Dictionary can be had by dropping him a postal.

Therapeutic Notes.

AN EXCELLENT GERMICIDE AND INTESTINAL ANTISEPTIC FOR TREATMENT OF TYPHOID FEVER, DYSENTERY, DIARRHEA AND OTHER DISEASES OF BACTERIAL ORIGIN.—That Acetozone is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water. In their experimental work Freer and Novy (Contributions to Medical Research, p. 107.) made the following tests: (a) A cylindrical glass-wool filter was prepared, and on it was placed a layer of Acetozone crystals, about three cm. thick. A bouillon suspension of typhoid bacilli passed once through this filter yielded a sterile filtrate, while control tubes gave the usual abundant growth. (b) A liter of tap-water was sterilized by heat, and when cool a suspension of cholera or typhoid germs added, the experiment being repeated several times. Ten to twenty milligrams (one-sixth to one-third grain) of Acetozone was added, and after thorough shaking portions of the liquid were taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes, and the typhoid germs in fifteen minutes, by the extremely small quantity of Acetozone used. From the above experiments the authors drew the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. Therapeutically Acetozone is being very widely and successfully used in the treatment of typhoid fever, intestinal diseases, notably diarrhea, dysentery, cholera, in gonorrhea, suppurating wounds, and infectious processes generally. It is prescribed in the saturated aqueous solution which is prepared by adding fifteen grains of Acetozone to a quart of water, shaking thoroughly, and setting aside for a couple of hours to hydrolize. Messrs. Parke, Davis & Co., who prepare Acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

QUININE WITHOUT EBRIETY.—When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use.

Antikamni is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets," each tablet containing $2\frac{1}{2}$ gr. antikamnia and $2\frac{1}{2}$ gr. sulp. quinine. The antikamnia in these tablets not only relieves the pain, but prevents the ebriety of ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anæmia patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachetic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News*.

OPINION BASED ON AN EXPERIENCE OF OVER TWELVE YEARS.—Sanmetto is an excellent preparation and in my opinion the best medicine of the kind to-day in the market. I have used it for over twelve years, and always with benefit. I have arrived at the age of sixty-seven years, when the plague of old men—enlarge prostate, is apt to annoy me, showing itself in frequent micturition, stoppage of urine, etc., etc. I intend to use Sanmetto on myself. I received some literature on Sanmetto this morning. I enjoyed the piece of poetry from my old friend, Eugene Field. It is very appropriate.

Brooklyn, New York City.

J. M. CAMPBELL, M. D.

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Original Communications.

SOME COMMON AND UNCOMMON AFFECTIONS OF THE FEET MET WITH IN PRACTICE *

By ARTHUR BIRT, M. D. (Edin.) Berwick, N. S.

In receiving my hospital and general practice experience I have been struck by the frequency with which one has been consulted by patients for minor ailments either referred to or referable to the feet. Although, spoken of as minor ailments, many of these conditions entail considerable pain and disability; and, unless care is exercised in their investigation, may cause the practitioner marked loss of professional repute.

"WEAK" OR FLAT FOOT.

By reason of its great frequency of occurrence the "Weak" or "Flat" Foot deserves the first place.

Case 1. Female, aet. 40, single. Good condition. *Complaint* of "rheumatic" pains in legs and feet and distressing backache. Had been treated with anti-rheumatic remedies without effect and had had a uterine fixation done which had also failed to relieve.

Examination showed well-marked bi-lateral flat foot, moderate in degree.

Treatment directed to supporting and strengthening the arch and calf muscles resulted in prompt and very great improvement in the

*Abridged from paper, read before Maritime Medical Association, July, 1904.

symptoms, which continues so long as the sole-plates are carefully regulated to follow and sustain the weak longitudinal and transverse arches.

The symptoms of the "weak" foot vary in severity from a simple sensation of weakness referred to the inner side of the foot and ankle to marked aching, or neuralgic pains in calf of leg and the lumbar muscles, until in several cases even moderate use of the feet in walking or standing becomes intolerable. Coldness, numbness and sweating are often present. As in rheumatism, the symptoms are all aggravated by cold and damp, and are relieved by warmth and rest.

The diagnosis of flat foot is usually to be made at sight in marked cases—in the slighter and earlier forms it may be more difficult. As R. Whitman well says, the examination should include not only the appearance of the foot, but also an investigation of its functional ability and of the manner in which it is used.

The walk is slouchy. The leg is never fully extended and there is eversion of the feet. Bulging of the shoe inward at the arch or wearing down of the inner side of the sole is often noted—the normally outward curving inner borders of the feet (which when placed side by side should leave a distinct space between them), are apt to have a convexity inwards when weight is borne on the foot and the weakened arch sinks down.

Imprints on carbon paper, or obtained by painting the sole of the foot with Tinct. Ferri Perchlor, and standing on a sheet of thick, white paper, which is at once sprinkled with tannic acid, will give the amount and situation of the bearing surface in different attitudes, whilst the presence of calluses may also be of assistance in showing where undue pressure comes.

To investigate the range of movement and limitation of this is an early symptom. The normal range from full extension to full dorsi-flexion is stated to be from 50° — 60° . This angle is easily measured in practice. To test the more important power of inversion or adduction, extend the leg with the patella in the middle line, turn the foot inward as far as possible, elevating the inner border and turning the heel inwards (supination.) This movement will be found restricted in varying degrees in all cases.

The treatment of the weak foot, which offers a good prognosis in the milder grades at any rate, resolves itself briefly into two efforts, (a)

to support and brace the weakened arch by carefully fitted supports, and (b) to tone up the relaxed muscles and ligaments by appropriate massage, exercises, and hydro-therapeutics so that normal tone may be restored and the full physiological range of foot movements be regained.

A careful study of each individual case can alone dictate the most suitable form of support, and this decision is better made after a careful plaster cast of each foot separately (in bilateral cases) has been made. It is also important to recollect that as improvement takes place, and the weakened arches regain their tone and elasticity, it is very frequently necessary to raise the arch of the support to correspond. In marked cases, too much should not be promised, as it has been found that a large percentage have to use sole-plates for life in order to prevent partial return of symptoms.

The exercises are naturally those of the tip-toe order, especially which tend to develop the calf-muscles; and the great importance of manipulations and passive movements of the foot in stretching adhesions and restoring the normal range of movement should by no means be overlooked. Finally, the patient is instructed, (a) to guard against valgus by throwing the weight on the outer side of the foot. (b) To guard against abduction by holding the foot parallel in walking. (c) To cultivate the "leverage" action of the great toe in walking by pressing down the sole of the shoe with his toes at each stride.

I would again emphasize the risk of mistaking this condition and its sequelae for "rheumatism," and the point that as in the latter, the symptoms are aggravated by cold, damp and movement.

Congenital Talipes Equino-Varus.—One is, not infrequently, consulted by an anxious mother as to what is to be done to cure "turning-in" of the baby's feet.

Case 2.—Healthy looking infant of 22 months, both feet rotated in to a moderate degree at transverse tarsal joint, so that the inner border is raised and shortened, and is marked by a well-defined groove under the head of astragalus, while the outer border is depressed, (in older patients, a corn or callus often forms on the cuboid bone.)

Mild cases of equino-varus in very young children come properly within the sphere of the general practitioner, and are

curable in proportion to the promptitude and patience with which treatment is carried out from time of birth. Paralytic club-foot is of course here excluded.

If seen in the first weeks or few months of life the condition offers a good chance of almost perfect cure by manipulation and massage. Three or four times daily the foot is grasped from in front and well above the ankle, and the deformity forcibly corrected by straightening out the foot, correcting the inversion and bringing down the plantar surface. The corrected position is to be maintained for a gradually increasing time. Gentle systematic massage of the peroneal and other groups may be advantageously added. In mild cases taken early, these measures will usually result, when the child is ready to walk, in its setting the foot squarely on the ground instead of on the outer edge only. At 2 years, in a big, heavy child, such as the one referred to, the mal-position is usually too fixed for such simple measures, and forcible correction by stages is indicated. A light plaster cast is used which envelopes the foot and the leg nearly to the knee, after as good correction as possible has been obtained. The cast may be prevented from slipping by the incorporation of strips of adhesive plaster as recommended by Sherman, of San Francisco.

"One end of the strip is fastened to the skin and the other is "allowed to dangle below the foot. When the plaster cast is about "half finished the loose end of the plaster is turned up and incorporated in the cast."

I have found that a few months' careful treatment on these lines does a great deal for this second class of case, but to clinch the result, a club-foot brace may be required. The varieties of these are doubtless known to you. The essential points in the apparatus are that it shall be comfortable, light, and shall correct and tend to keep corrected the deformity. Home-made products have often in country practice to take the place of the instrument-makers masterpieces. In very obstinate cases tenotomy of the Achillis may be required to let the heel down, but I do not wish to poach on the preserves of the orthopedic surgeon to whom all the more obstinate and severe cases should be early referred when possible.

Metatarsal Neuralgia. (Anterior Metatarsalgia.) *Case 3.*—Female, aet. 62, was walking in my company, when she stopped suddenly, complaining of violent neuralgic pain in the fore-part of the right foot. The shoe was removed and gentle massage of the foot

soon relieved the symptoms. She had proceeded but a short distance when the pain returned suddenly with great severity and persisted for some little time in spite of my manipulations of the foot. Inquiry elicited the fact that she had suffered from many of these sudden neuralgias, and that massage and broadening out of the foot always relieved the symptoms for the time being. These symptoms are very characteristic of Anterior Metatarsalgia or Morton's disease, and so one was not surprised to find present in the affected foot the following conditions: Well marked breaking down of both the longitudinal and transverse arches, hallux valgus with bunion, depression of the 4th metatarsal-phalangeal articulation with a tendency to over-riding of the adjacent metatarsal bones, painful callosities over the heads of the 3rd and 4th metatarsals in the sole, and marked tenderness over the 4th, (and to a less extent the 3rd) metatarsal-phalangeal joint. Compression of the anterior part of foot resulted in a further squeezing down of the displaced meta-tarsal bone and the production of the characteristic pain.

(3) Goldthwaite, of Boston, has cleared up for us the pathology of this condition, showing that the symptoms really depend on weakness of the anterior metatarsal arch of the foot formed by the heads of the metatarsal bones, that this weakness is of varying degrees and that the symptoms and severity vary accordingly. Improper boots, as in so many foot deformities, are probably the great cause of the condition. In this particular case, practical immunity from the attacks of pain for about a year, has resulted from the simple expedient of banking up the shoe so as to support the arch, widening the tread of the sole and thickening the sole and heel slightly on the inner side, with simultaneous treatment of the painful collosities over the heads of the metatarsals.

As a rule, it is said, a metal or celluloid sole-plate is the best form of support, elevated a little at a point corresponding to the depressed articulation. It must be constructed on a plaster cast of the sole of the foot. The usual systematic attempts must be made to restore the flexibility and full physiological range of movement of the foot by manipulations, massage, suitable exercises and douches.

Ingrowing toe-nail. This familiar and troublesome ailment needs no description. The old treatment by avulsion should, wherever possible, be replaced by the little operation which was first taught to me by Chiene of Edinburgh, and which Gerster of New York has

described in his text book with minute detail. The toe is disinfected as carefully as for a major operation, is constricted at its root with rubber tubing, and local anæsthesia is induced. The point of a narrow bladed bistoury is placed against the granulation tissue adjoining the nail, and is thrust through the margin of the toe. A flap of integument is cut—first forwards and then backwards well beyond the matrix of the nail where the flap is cut off. The pointed blade of a straight pair of scissors is thrust under the anterior edge of the nail just beyond the limit of the disease and cuts through the nail from before backwards. One blade of a stout pair of dressing forceps is next insinuated into the slit in the nail and under the loose segment, which is twisted off with an outward rotating movement, taking care to leave no shreds of the cut-off matrix. Any granulations are curetted away with a sharp spoon and the wound is irrigated with corrosive solution and a moist antiseptic dressing applied, taking care not to compress the toe too much. It is almost needless to remark that the slighter cases often yield easily to antiseptic foot-baths (preferably formaldehyd), packing the diseased nail margin with gauze saturated with picric acid solution, properly constructed boots, and such like rational measures. For the *bromhidrosis*, which so often accompanies pathological conditions of the feet, I have found nothing equal to Formaldehyde in varying strengths. Gerdick's large experience with the French soldiery sustains this impression.

Hammer Toe. A number of cases of this deformity have come under my notice. It consists in a contraction of one of the toes, usually the second, in which there is dorsiflexion of the first phalanx, flexion of the second, and either flexion or extension of the third. The toe is forced downwards and overlapped by its fellows, there being usually a degree of hallux valgus associated. Corns and callosities and sometimes bursae are found above and below at the points of shoe pressure, and it is these that give rise to the pain and disability that usually result. The terminal phalanx becomes more or less clubbed and distorted, hence the name. The condition may be congenital, but is usually acquired, often at an early age, from the pressure of too short shoes and socks, the second toe suffering most on account of its relative length. It is usually bilateral. The treatment of this troublesome little deformity has not in my hands been always satisfactory, owing chiefly to the fact that in old-standing cases all the tissues are contracted, the chief obstacle to reduction

being the capsular and lateral ligaments of the first interphalangeal joint. I have tried (a) forcible correction; (b) forcible correction with subcutaneous division of the contracted ligaments and splinting; (r) amputation, the latter a clumsy way out of the difficulty, though many men, I fancy, adopt it rather than be bothered with this little surgical nuisance.

Some time ago, however, I noticed an article by Mr. W. Thomas, senior surgeon, Birmingham Orthopædic Hospital, in which a trial of the "Tomatoe" splint was urged. This splint, which I here shew you, is made in aluminium in six sizes by Messrs. Down Bros., of London, and from even a limited experience I can strongly recommend a trial of it. It is really surprising how an apparently hopelessly distorted toe will straighten out and regain its function with little discomfort to the wearer under a persistent daily (or nightly) use of this little apparatus. In the cases that are not cured by this method, resection of the joint, as recommended by R. Whitman, of N. Y., is certainly the game, and preferable to mutilating the foot by amputation. He points out that enough bone should be removed under strictest asepsis to allow of full correction of the deformity, and a splint of celluloid or some other light and firm material applied for some time. In the case of infants, correction of the deformity by manipulation and retention by adhesive plaster will suffice.

Charcot's Disease of the Joints. Case 5. Middle-aged female. Syphilitic history. Admitted to Durham County Asylum with diagnosis chronic mania with delusions. Developed a chronic arthritis ankle with little complaint of pain. Joint showed boggy swelling, marked stiffness, little tenderness or signs of inflammation. Gradually total disorganization of joint took place with a final stage of atrophy of articular structures, some effusion and finally subluxation of ankle-joint and flat-foot. Long before this stage was reached, a further careful examination of the nervous system was made, eliciting the presence of the Argyll-Robertson pupil and the absence of the knee jerks. A diagnosis of parasymphilitic tabes was thus established, previously overlooked owing to the generally excited and obstreperous behaviour of the patient. The diagnosis of arthropathies in posterior sclerosis, &c., depends of course on the recognition of the underlying nervous disease, and their treatment requires no comment.

Perforating ulcer I once saw in Gowers' Clinic in London.

Angio Neurotic Oedema. Case 6. Female, aet. 31. Good social position. Complained of attacks of swelling of feet and lower part of leg, coming and going in erratic fashion and attended with marked symptoms of heat, tingling or numbness. Inspection during an attack showed a patchy phlegmonous oedema involving mainly the dorsum of one foot, and the anterior surface of the lower third of leg. There were traces of the same condition on the other foot. Inside two or three hours the feet looked normal. Inquiry showed that similar attacks had involved one side of the face where the skin was noticeably thickened and slightly pigmented around the angle of the mouth and over one half of the upper lip. As the patient also gave a history of sudden attacks of acute dyspepsia with vomiting and was very high strung, the diagnosis of Giant Urticaria or Angio-Neurotic Oedema was easily arrived at. The treatment was (on the advice of Dr. Allan Jamieson, of Edinburgh) chiefly electrical, and in the end gave, I believe, good results. Like erythro-melalgia this is considered to be a vaso-motor neurosis.

Case 7. Female, married, aet. 29. Complaint "rheumatism" of the foot, pain felt chiefly in heel and radiating up leg. Examination showed well marked synovitis of tendo achillis and a slight tenderness, heat and swelling over ankle and mid-tarsal joints. There had been definite attacks of pelvic inflammation previously, with a brownish vaginal discharge and some bladder irritability. One knee had also been slightly affected at an earlier date. A diagnosis of gonorrhœal teno-synovitis and arthritis was made, and under rest, massage and counter-irritation, the attack completely subsided. Treatment by antiseptic irrigation was directed to the genito-urinary tract. In the differentiation of gonorrhœal arthritis from acute rheumatic arthritis stress is to be laid on the disproportion between general and local symptoms in the former, the absence of profuse sweating, acid urine and excessive plasticity of the blood occurring in rheumatic fever, and the frequency with which the gonorrhœal form is mono-articular. A bacteriological examination and a definite history are obviously of prime importance.

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[This paper was illustrated by diagrams.]



APPENDICITIS AND ITS TREATMENT.

By G. D. TURNBULL, M. D., Yarmouth, N. S.

I have read with much interest the selected article "Where not to operate in Appendicitis," by Robert T. Morris, as published in the March number of the MARITIME MEDICAL NEWS. The basis of the discussion, the original paper by Dr. Ochsner, published in 1903, has done much to place the appendicitis question on a plane acceptable alike to the general practitioner and ordinary surgeon, and proves beyond doubt that ultra operation is not essential to a low mortality.

As I do not remember having seen a resume of Ochsner's paper in the NEWS, I beg permission to give a few extracts outlining his views as to the cause of mortality in appendicitis and as to treatment.

1st. The mortality in appendicitis results from extension of infection from the appendix to the peritoneum, or from metastatic infection from the same source, and can be prevented by removing the appendix while the infectious material is still confined to that organ.

2nd. The distribution or extension of infection is accomplished by the peristaltic action of the small intestines, and also by operation, if performed after the infectious material has extended beyond the appendix and before it has become circumscribed.

3rd. Peristalsis can be inhibited by giving no form of food or cathartic by mouth, and by employing gastric lavage to remove the existing food or mucus from stomach, the patient being nourished by nutrient enemata.

Regarding treatment, his views are as follows:—

1st. Patients suffering from chronic recurring appendicitis should be operated on during an interval.

2nd. Patients suffering from acute appendicitis should be operated on as soon as diagnosis is made, provided they come under treatment while the infectious material is still confined to the appendix, *i. e.* usually within the first 48 hours.

3rd. In all cases of acute appendicitis, without regard to treatment contemplated, the administration of food and cathartics by mouth

should be absolutely prohibited, and in cases where nausea, vomiting or gastric distension are present gastric lavage should be employed.

4th. In cases coming under observation after the infection has extended beyond the tissues of the appendix, especially in the presence of the beginning of diffuse peritonitis, the above suggestions as to feeding should always be followed until the patient's condition makes operative interference safe.

5th. In case no operation is performed, neither nourishment nor cathartics should be given by mouth until the patient has been freed from pain and otherwise normal for at least four days.

6th. By following the treatment above outlined, very dangerous cases of acute appendicitis may be changed into relatively harmless cases of chronic appendicitis.

7th. While such treatment cannot supplant the operative treatment of acute appendicitis, it can and should be used to reduce the mortality by changing the class of cases in which the mortality is greatest into another class in which the mortality after operation is very small.

It will be observed that Dr. Morris has somewhat misconstrued Dr. Ochsner's statements when he says that the starvation treatment is reserved for cases in which general peritoneal infection is under way.

However, the real point of issue, as brought out in Dr. Morris' article, is that he would operate during what is often termed the second stage of the appendicitis cycle, *i. e.*, from the second to fifth or seventh day, during which period the active inflammatory process is going on, while Dr. Ochsner would endeavour to tide patient over that period, and operate during the third or descending inflammatory period, should conditions so warrant, or still better, because safer, during the fourth or interval period.

Dr. Ochsner claims a death rate of 2 1-5% in 1000 consecutive cases of appendicitis of all sorts. Dr. Morris claims 2% mortality in 100 consecutive cases operated on, (Lectures on appendicitis, Robert T. Morris, Putnam's Third Edition, page 83) and states in his article, as it appears in the MARITIME MEDICAL NEWS, that "the list was a consecutive series of all the appendicitis cases that I had seen during the period covered by the statistics." However, it appears from summary on page 81 of the work above mentioned, that his first 100 cases gave a mortality of 8%, and that the 2% mortality was obtained by leav-

ing off the first thirty cases and adding thirty cases following, case 100. As far as the statistics are concerned, both have good records. Both are men of undoubted integrity, and both are equally clever operators, I have had the pleasure and privilege of seeing both men operate. the former at the Augustana Hospital in Chicago, the latter at the Post Graduate Hospital, New York, and consider them as two of the smoothest and quickest operators it has been my good fortune to see. So really the question is not so much as to which is the better or safer method in their hands, but which is the better and safer method in the hands of the country practitioner and surgeon of limited experience. Right here is where an impartial judge will decide in favour of the Ochsner method, because even among surgeons, there is not one in a hundred possessing the dexterity of a Morris, while the starvation treatment, as advocated by Ochsner, is applicable alike to the patient in the back woods and to the man in a modern hospital providing, in the former condition, that fairly intelligent care can be obtained.

The principle underlying the Ochsner treatment, however, is not new by any means. It is that of physiological rest so strongly urged in painful and inflammatory conditions by Hilton in his memorable work, "Rest and Pain," and at a later date applied to peritoneal affections by Alfonzo Clark, who advocated placing the inflamed intestines in a splint by means of opium. Ochsner does the same thing, quiets peristalsis, thus placing the intestine at rest by starvation, and keeps it so in cases where the infection has travelled beyond the wall of the appendix, by non-surgical interference until it has had time to become circumscribed.

Many surgeons at the present time, including Ochsner, advise operation in all acute cases seen early, *i. e.* within the first 24 to 48 hours. In country districts, however, such a course is, as a rule, impracticable. The patient often is not seen that early, and if so the consent of friends cannot be obtained. During that period, however, an operation should be comparatively safe even in the hands of a surgeon of moderate experience. Whether such a course is always advisable, however, is a point that may well be questioned. Many a sharp colicky pain in the lower right quadrant of abdomen with rise of temperature, etc, gets well within the 48 hours, especially when aided by a dose of castor oil or calomel. Whether such are cases of appendicular colic or due to some irritation about caecum and colon

is hard to determine. To subject these cases to operation within the first 48 hours seems scarcely in accord with general surgical principles.

Interval operations should have a very small mortality. Whether such should be urged after a first severe attack of acute appendicitis is another open question. Many a person has one attack, and one only. To insist on such a case submitting to a fairly severe operation can hardly be justified. Should the patient select operation there is no ground for refusal. The one great reason for not urging interval operation in such cases, in view of the possibility of recurrence in a more severe form, is that abdominal section even for exploration only has a mortality—very slight no doubt, with ordinary care—but still a mortality. Some unforeseen and wholly unexpected thing occurs and a life is lost.

After a second severe attack we may assume that conditions are present in or about the appendix that will likely give rise to others. In such cases, or after a first severe attack where a patient is left with a more or less painful condition about the abdomen, I think we are justified in advising an interval operation.

Personally, I have notes of seventeen cases of acute appendicitis, by which I do not mean cases of appendicular or cæcal colic in which patient is about in two or three days, but cases of the severe illness. Of the 17 cases, one was a fulminating case, and patient died in 36 hours. Three were of moderate severity, and while very ill for a few days were convalescing in less than a week, while the remaining 13 were very sick from ten days to two or three weeks.

Of these cases, ten were under my own care prior to giving up visiting practice at the beginning of 1904. Two were seen in consultation during that period, while the remaining five have been seen in consulting practice since that time.

One case, as mentioned before, died in collapse in about 36 hours from time of onset. One had an interval operation after the fourth attack. One was operated on in a hovel during the period of descending inflammation, and about a quart of pus evacuated. Pus had been discharged from bowel a day or two previous, but nature failed to drain cavity. The patient made a good recovery. One other case had pus evacuated per rectum. She made a good recovery, and has remained well since, now eight years. Six, including the two abscess cases, had large masses of exudate form in right iliac region, which could be palpated readily per abdomen and felt per rectum, and

which disappeared completely as patient convalesced. One of these was the interval operation case, and contrary to expectation, not an adhesion existed. All that remained to show for his four attacks, each one of increasing severity, was a thickened appendix. Three only were recurrent cases, one of which I have already mentioned. The second was one of the milder forms. He gave a history of one previous similar, but less severe attack, but has had none since, now four years. The third has had four or five attacks. The last one, from which he is now convalescing, was very severe. During the intervals he has also suffered from sharp spells of colicky pains. With him shall strongly advise an interval operation. I have made careful inquiry whenever possible concerning the other cases, and have every reason to believe that not one of the fourteen has had a recurrence. The period covered is about twelve years, so two or three have so far escaped recurrence, and been in good health for at least ten years. The cases not described presented no unusual features, and made good recoveries. Of the seventeen cases, one died, giving a mortality of about 5.8 per cent.

Possibly the fulminating case might have been caused by operation within the first twenty-four hours. However, she was not seen till that length of time had elapsed. The patient was twelve miles in the country, with no telephone communication, so by the time preparation for an operation had been made she was moribund.

The treatment employed in my own early cases was very limited liquid diet, salines by mouth, if tolerated, and washing out lower bowel with enemata, if salines were not tolerated. Opium was given in quantities just sufficient to keep the patient comfortable. After the first year or so I modified the treatment by omitting the salines. In cases seen early I gave an initial dose of calomel; otherwise left bowels alone for a week, when enemata were used to induce them to act. The feeding was the least possible liquid nourishment I could get along with. If pain was severe when first seen, especially if vomiting was present, I usually gave a hypodermic of morphine, and then just opium enough to keep the patient from suffering pain. In several cases seen in consultation opium has been pushed not only far enough to quiet pain and peristalsis, but to keep patient drowsy, and the results have been good.

There seems, however, but little doubt in the minds of most authorities that opiates mask important symptoms, and many prac-

tioners at the present time, following that teaching, will not even give an initial hypodermic of morphia. That inhibition of peristalsis can be obtained by starvation, as far as feeding by mouth is concerned, has been demonstrated by Ochsner, but inhibiting peristalsis by that means will not lessen the shock which the sudden insult to the great abdominal nervous centres produces, nor can it quiet the extreme anxiety and restlessness which is kept up by the resulting pain. A moderate dose of morphine will quiet those conditions as nothing else can. The patient is made comfortable, confidence in the physician is established, and as the opiate tends to more quickly inhibit peristalsis than anything else, I see no objection to its use as the beginning of the starvation treatment.

In considering the Ochsner method from every point of view, it seems to me destined to bring the physician and surgeon closer together toward a common ground. It is radical enough to satisfy all but the extreme radicals, and is conservative enough to satisfy all except a possible few who never operate or have operations done except the opening of a superficial abscess or the sewing up of a clean cut. It does what the heroic doses of opium do, and without obscuring important symptoms. However, there are still cases in which the method cannot be carried out, as a certain amount of skill in nursing is required, and the country practitioner finds many cases in which he can obtain absolutely nothing in the shape of nursing. In such cases as little food as possible, and that of a liquid nature—milk and water—with opium enough to ease pain, is the nearest approach to the starvation method that can be attained. And the experience of many a country doctor will bear me out in saying that while such a course may mask symptoms, still the patients usually get well.

Regarding the other side of the question, I think Dr. Morris is fully justified in being indignant that the mortality rate should be placed at 10 or 15%, when Treves who thinks there is a medical as well as a surgical treatment for appendicitis places the mortality "taking all phases of the disease together"—the most trifling attacks with the most serious—at about 5%. The mortality in my 17 cases was 5.8%, and had there been included the trifling ones—well in 2 or 3 days—together with chronic interval cases, not seen during their acute attacks, the percentage would certainly have been reduced to 5%. D r.

while they may certainly be accepted as correct for the 100 consecutive cases, still, in fairness to the statistics of others, I think the first thirty cases should also be included in which case the mortality would go up to 5.9%. Certainly he claims that by his later methods of working a number of the first thirty cases would have been saved. Still he was gaining his experience by means of those thirty cases, and that is just where the advocates of no medical treatment for appendicitis exhibit their most vulnerable point. No surgeon however dextrous he may be, can approximate a death rate of 2% in all cases, until he has operated on his first 30 cases. Experience in surgery cannot be obtained from another person's work, no matter how clever that person may be, nor how clearly his methods may be laid down.

Hence, any method of treatment that offers a chance to keep the mortality of appendicitis down to 2 or 3%, when such can be carried out by general practitioners and surgeons of limited experience, and especially when backed by the wide experience and statistics of a noted surgeon, cannot but be regarded as epoch-marking. Even if it does give a set back to the work of the operate-on-every-case surgeon in our big cities. Such is more than counter-balanced by the confidence it inspires in the minds of those who practice the healing art in less favoured localities.



Retrospect Department.

LET THE LUNGS ALONE IN CONSUMPTION.

W. Hutchinson says that we have learned by bitter experience that we must practically ignore the bacillus in our treatment of the consumptive, and that we are coming to the same point of view in regard to the lungs. Among the reasons for letting the lungs alone in treatment is the fact that very few remedial measures at our command have any specific action whatever on the lungs, and it is being more and more clearly recognized that consumption is not, properly speaking, a disease of the lungs, but is merely a local (pulmonary) expression of a disease which involves the entire system. We have no tonics or alteratives which will improve the nutrition of the lungs, and even the expectorant drugs have been proved to be lacking in the virtues formerly ascribed to them. Sprays, etc., are ineffectual in reaching the bronchi, and in most cases the so-called pulmonary gymnastics and exercises serve simply to drive the infectious material deeper into the hitherto uninvaded area of the lungs. The author has already shown that the chest of the consumptive is round instead of flat, and that exercises intended to develop the chest as such do harm instead of good. Bodily exercise of any kind is now believed to be distinctly injurious, and absolute rest is indicated in any case in which the afternoon temperature rises above 100°. Researches by Robin and Binet made over four years ago on the actual gaseous interchange in consumptives have shown that the tuberculous patient consumes a much greater amount of oxygen and gives off more carbon dioxide in proportion to his body weight than the normal individual. In short, it would appear highly probable that the tuberculous patient is to be regarded in the light of one who is pouring nearly half the heat of the fuel which is burned in his body furnace up the chimney, in the form of smoke. That the food which he takes, instead of being assimilated and decomposed by anaerobic processes in the body cells, is burned in the blood and in the lungs. Any means, therefore, which will tend, so to speak, to clog the throat of his chimney and prevent this fatal escape of heat and energy, whether by drugs like creosote, iodoform, cod-liver oil and arsenic, or by pouring in an enormous quantity of food rich in heat value, will tend to restore the balance of gaseous interchange, and enable him to return to the normal.—*Medical Record*, April 29, 1905.

Correspondence.

RE LIFE INSURANCE.

EDITOR MARITIME MEDICAL NEWS:

At a recent meeting of the Colchester County Medical Society, an interesting "memorandum" signed by the Secretary of the Canadian Life Insurance Officers' Association, was read. It appeared to most of the Society present that if it was upon such representations that Drs. March, Chisholm and Clay agreed to recommend to the N. S. Medical Society a four-dollar examination fee, it will, at least, need more convincing proof to satisfy the profession generally that Canadian assurance companies cannot afford to pay a five-dollar fee.

We have in that memorandum a bare statement that 75 per cent. of applications are for \$1,000. It is probably true that this percentage is less in the case of foreign insurance companies doing business. But we then have the assumption that the system would be whole life, and must conclude that these clever officers wish us to believe that 75 per cent. of their applications are for the whole life system, with annual premiums of only \$24.25. The best insurance agents seldom, if ever, get such an application for any of these companies, and to convey the impression that 75 per cent. of the applications only call for a premium of \$24.25 is utterly absurd. The very illustrative supposed transaction is of no value whatever.

But taking that illustration, the poor companies only receive 94 cents for agents' commissions and head office expenses! They admit they can manage to pay these two items if they only pay the examiners \$5.00. This fee will leave them a balance on the transaction of \$1.94 for these two items. Does that appear any more likely to fully remunerate the agents and head office expenses? They certainly would have to draw upon subsequent premiums to meet these two items. Why not add another dollar for the medical examiners and collect it from subsequent years?

But a fearful expense is 10 per cent. of applicants who are rejected by the examiners or the company's medical officer. This is the first time that rejected applications, due to a careful medical examination, was ever considered a loss to an insurance company. Had these applications been accepted, how much greater loss would the com-

panies sustain? We are also informed of another awful loss of 8 per cent. of these applications where the first premium is not paid, but the medical fee is paid nevertheless. But who stands this loss? Have the Canadian companies ever heard of agents being charged up with five dollars until this first premium is paid, in order to secure at least the payment of the examiner's fee without loss to the company?

We are informed that "a life company should endeavor to keep each year's charges associated with the contract within the amount of the premium receivable," this would be all right if the applicant's subsequent premiums were reduced by the amount expended in Medical fees, etc., chargeable to the first premium; but we do not hear of any such subsequent reduction. There does not seem then any valid reason why these charges should not be extended over subsequent premiums until they are discharged.

Doubtless an authority could mercilessly criticise this "memorandum," when such discrepancies are apparent to an inexperienced observer like myself.

Why should a company pay a larger fee when a policy is for five thousand? Do they think that the doctor does more conscientious work over a larger than a small policy? Does the nature of his work depend upon the size of the fee? Do they mean to tell us that in 75% of the examinations we are not as conscientious as in the remaining ones at a higher rate? But this is apart from my text, the "Memorandum," so I desist.

Truro, N. S., June 1st, 1905.

SMITH L. WALKER.

RE OPTICAL BILL.

123 STANLEY STREET, MONTREAL.

February 17th, 1905.

DEAR DOCTOR,—I think your letter of the 13th inst. must have been snow bound a bit, as it took three days to reach us. I have done all I could at present to carry out your wishes. I have written to Dr Pyne, Registrar for the Province of Ontario, to answer your questions by wire, which answer or answers you should receive to-day.

I am reasonably sure that no attempt has been made to secure recognition in the legislature of Quebec, but I am not so sure of

Ontario,* nor can I answer your other two questions, positively, though I am under the same impression that you are. I trust Dr. Pyne will be able to give you more definite information on these points. I have asked Dr. Byers to communicate such information to you as in his opinion may be of service in opposing the proposed legislation. This, I suppose, he is sending you to-day, together with his own views on the matter. You may state, for me, that in the course of thirty years' practice I have repeatedly known of instances in which the patients have been advised by opticians to purchase the inevitable glass or glasses, the real ailment having been entirely overlooked. Such persons have, in consequence, failed to receive proper treatment until disease had made such progress that irreparable damage had been done. For instance, it is not uncommon for persons suffering from chronic glaucoma to require somewhat early use of glasses. This disease causes no external manifestations, and is habitually overlooked by the opticians, and the patient gets past the stage during which efficient and curative treatment might have been instituted.

This is only one of the many instances in which the optician's want of knowledge, a knowledge which can only be gained by a thorough general and special medical education, has resulted in disaster to an ignorant and confiding public. I am quite sure that any legislative enactment tending to weaken the barrier which all civilized nations have seen fit to place between the work of properly qualified skilled professionals and that of irresponsible charlatans can result in nothing but calamity to many individuals and act as a constant menace to the public. It is obviously impossible to qualify any man or woman to prescribe for the ailments of any organ or region of the human body without first providing him or her with a sound medical education. This takes years of hard study. No trumpery course on finding and fitting glasses can ever be made a proper qualification, but it would serve admirably to enable unscrupulous spectacle vendors to bamboozle and defraud the public even more successfully than they are doing now.

If I hear of anything else likely to aid your efforts within the near future I shall communicate with you at once.

Yours very truly,

F. BULLER.

Doctor Kirkpatrick, 221 Pleasant Street, Halifax, N. S.

* No attempt has been made by opticians to gain recognition in Ontario, nor, in fact, in any British country, excepting Nova Scotia.

MONTREAL, February 17, 1905.

MY DEAR DOCTOR KIRKPATRICK,—Doctor Buller has shown me your letter regarding the attempt of the opticians of Nova Scotia to obtain incorporation as an examining body from your local Legislature; and I am writing you to assure you of my cordial sympathy in your attempt to frustrate their efforts, which could only result in consequences baneful alike to the inhabitants and educational standards of the province.

But the representatives of the House, who are, we may be sure, from the very nature of the position they occupy, men of thought and judgment, will require not mere assertions but sound arguments to convince them of the rightness of our side.

The whole question turns it seems to me on one point, viz: can the eye be intelligently dealt with by one who has not had a previous sound training in Medicine? I would voice my answer to this by quoting a recent utterance of Mr. John Tweedie, President of the Royal College of Surgeons of England and of the Ophthalmological Society of Great Britain. "The eye," he says, "is not as the optician is so apt to consider, only an optical instrument, it is a living organism, made up of the most elaborate and most highly differentiated structures in the body, in intimate and constant relations with the cerebrospinal system, the blood-vessels, the lymphatics, and other organic systems of the body; living the life of the whole body, absorbing its modes of nutrition, participating in its diseases, and responding to its various pathological manifestations. No one can safely and intelligently deal even with the optical defects of the eye unless he has an adequate knowledge, not merely of the structures and diseases of the eye but of the varied relations of the eye to the whole organism."

To this may be added that only in the dissecting rooms and laboratories of our colleges, which have been set aside by our various legislatures as the proper places for the pursuit of studies of this kind, can the absolutely essential knowledge of the anatomy, histology and physiology of the eye be acquired; and only in our hospitals can one learn to know the numberless local and systemic diseases which are constantly expressing themselves in the organs of sight.

The optician is trying to find a royal road to one of the most difficult branches of medicine. Almost without exception they do not possess the preliminary education required by our medical

colleges, and they cannot therefore from lack of opportunities consequently denied them, prepare themselves in the preliminary studies which are absolutely essential to the work. In the ordinary course of events an optician can not even look upon a dead eye much less a dissected one; and is never admitted to the only places in our land where eye diseases are studied and treated, viz: the clinics and wards of our hospitals.

And can the simple testing of the eyes be dissociated from the purely medical and surgical aspect of eye work? I think this question can be answered in an equally strong negative manner. Leaving aside altogether the higher standards required for medical men who make a specialty of Ophthalmology, so long as manifold local and systemic diseases produce diminution of vision, so long only can one thoroughly acquainted with diseases of the eyes determine whether the condition is the outcome of a want of glasses or is the result of disease; and so long as highly poisonous drugs are absolutely essential to the perfect working out of the optical defects of the eyes, this work must remain in the hands of those versed in the strictly medical subject *materia medica*.

That the little knowledge of opticians is dangerous, is a matter of almost daily demonstration; and that it can bring about highly disastrous consequences is likewise familiar to us all. Recently there came to my knowledge a case of a mother of a large family who gradually became hopelessly blind from Glaucoma through being deterred from seeking proper advice by a local optician who assured her that everything was all right; and I have under treatment at the present time a young man with advanced syphilis of the brain whose sight and life were placed in the greatest jeopardy by the criminal and procrastinating ignorance of an optician who is rated about the best in this city.

The head of the London (England) Spectacle-makers' Co., himself spoke strongly against the attempt of the members of his own craft to secure similar legislation in Great Britain; and lately the efforts of the opticians of the State of New York have likewise been repulsed.

I feel sure the habitual good sense of the people of Nova Scotia will not allow them to fall into error in this matter.

Wishing you every success in your efforts to maintain the high standards of medicine, and with kind regards, believe me,

Yours very sincerely,

W. GORDON M. BYERS,

Assistant-surgeon Eye and Ear Department, Royal Victoria Hospital.

Lecturer in Ophthalmology, McGill University, Montreal.

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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No. 6

Editorial.

THE RESIDUUM.

In our April and May issues we were privileged to print a paper of unusual value by Mr. George W. T. Irving, of the Department of Education, Nova Scotia, entitled, "The Residuum." The paper was prepared for and originally read in connection with a very excellent course in Sociology conducted last winter by the Young Men's Christian Association of Halifax, and there was at the time no thought in the author's mind that he would subsequently be asked to read it before an assembly of physicians, but Mr. Irving showed good judgment in giving his paper to the local branch of the British Medical Association in exactly the form in which it was presented to his first audience, and it lost nothing in its forcefulness nor in its appeal to the physician's interest because it was couched in language intended for the layman's ear. Our readers have already had an opportunity of perusing the paper, and will, we are sure, agree with us in our opinion that Mr. Irving has brought forward tersely and with rare skill a subject which is of the most vital interest from a sociological standpoint, and one which appeals very strongly to the sympathy of the physician. In inviting a layman to furnish the principal paper of the evening, the Branch of the British Medical Association made a marked departure from the usual procedure, and it is to be congratulated that, in taking this course, the choice fell upon one who was able to so ably discuss, from a layman's standpoint, a subject having distinctly medical bearings.

While commending Mr. Irving's paper, and gladly according it our unstinted admiration, we cannot but regret that such a paper should have had to be given to a medical audience by anyone who is not a member of our profession. It may not be truthfully said that doctors, as a class, do not recognize the seriousness of the sociological problems which are constantly forced upon their observation. nor can physicians be accused of lacking in sympathy with any well-directed effort by way of remedy of existing conditions. But inasmuch as there is no other class of men who see so much of the distressing and distracting evidence of the strict visitation of the iniquity of the fathers upon the children unto the third and fourth generation, and none to whom is given more positive proof of the importance of good environment than to the physician, it would appear but fitting that a paper such as that which Mr. Irving has composed should be the work of a physician—that to members of our own profession should be due the credit of putting before the public such a statement of fact and such an appeal to humanity and to common sense as are to be found in Mr. Irving's article.

We are apt to credit ourselves with a keen desire to do all that lies in our power for the benefit of humanity. The amount of service given by every physician without any hope of reward, and the constant endeavour put forth by the profession to prevent the incidence and spread of disease, may be set forth as evidence of good intent on our part. But Mr. Irving has shown us a field wherein we have as yet done comparatively little; one which is of quite as great importance and which should appeal to us quite as strongly as any which we have exploited. We must admit that we have scarcely done our full duty in this field, which might well be called medico-sociological, which appeals very strongly to our sympathy, and which is of such vital importance to the future of our nation.

Amongst the numerous things that might be done to lessen the proportion of "the residuum" in our population, two stand out very prominently. One is the provision of such institutional treatment for the defective classes as will ensure their comfort, an opportunity of contributing under proper direction something towards their own support, and at the same time eliminate the possibility of them procreating their kind. The other is to provide for our poorer classes such good hygienic conditions as will tend to foster morality rather than immorality. In this connection the medical profession must

appreciate the duty it owes to humanity, to the state, and to itself, to promulgate by example as well as precept the virtue of temperance. Consistency demands that the man who will willingly sacrifice time, treasure, and life itself for the good of a patient, should not allow the small pleasure which the "social glass" affords him dwarf his influence in the upbuilding of a physically and morally strong race. It is quite time for the admission to be made that the drink habit persists only because of the wretched selfishness of strong men, whose only plausible reason for drinking is sociability, and whose example is the justification offered by weaklings for the indulgence which works their ruin. An estimate of the benefit which total abstinence would bestow upon the race is quite impossible, but no one will gainsay that there could be no more potent factor in the elimination of "the residuum."

In his annual reports, Dr. Sinclair, Inspector for the Humane and Penal Institutions of Nova Scotia, has been for some years urging the provision of a proper school for feeble-minded children, and a suitable reformatory for erring youths. In this contention for institutions which are admittedly needed in our Province, Dr. Sinclair should have the hearty and outspoken support of every member of the profession. Because of a position which demonstrates to us the necessity of such institutions, and at the same time gives us a certain influence in the community, there is no class of men who can do more to foster such a cause than physicians. Let it not be laid to our charge that we have failed in this duty!

THE PRETENSIONS OF OPTICIANS.

In the *British Medical Journal* of May 27th we find the following under the above heading;

"We have received an advertisement, issued by Spiers and Proud's Stores, entitled, "Fair Prices in the Optical Trade," in which we find the following statement: 'We have at our disposal a staff of the highest skilled opticians, fully qualified by examination to efficiently prescribe for all errors of refraction, however complicated.' This is the sort of claim against which we shall not cease to protest, for, as has repeatedly been pointed out in this journal, it is impossible to estimate correctly the true refraction of many eyes without the use of some drug for paralyzing the muscle of accommodation. In the

interests of the safety of the public it is undesirable that non-medical persons should use the highly-poisonous drugs needed for this purpose ; so far the organs of the trade have uniformly disclaimed all desire to do so, and we believe that the examining bodies which issue certificates forbid the use of these drugs. These so-called skilled opticians are, therefore, in this dilemma: They are either violating the rule under which they obtained their certificates, or they are making claims which are misleading to the public. In either case they come under the censure of those bodies from which they profess to hold their authority."

In Halifax and throughout the Provinces we see similar advertisements to the one quoted, and we would urge that the time has arrived for the medical profession to begin a campaign of education, that the public may be better able to differentiate between the faking optician and the qualified oculist. A large number of druggists are advertising that they possess a complete knowledge of refraction, and do not hesitate to examine eyes and prescribe glasses for all ages. In many cases getting into the hands of such people, the real ailment is overlooked until irreparable damage has taken place.

We claim that druggists who pretend to a knowledge of this subject are not worthy of the confidence of the medical profession. We call attention to two letters in this issue from Dr. Buller and Dr. Byers, which treat of this subject. These letters were used in argument before the legislature in opposing the Optical Bill.

SANATORIUM FOR NEW BRUNSWICK.

The medical profession of New Brunswick is again moving in the direction of sanatorium treatment for tuberculosis.

The St. John Medical Society has dealt with this matter on several occasions during the past four years, the Medical Society of New Brunswick has had discussions thereon, and the Provincial Board of Health, more especially through its former chairman, Dr. William Bayard, has made exertions to obtain a Sanatorium, and finally there was a cessation from further effort.

Lately the St. John Medical Society has deemed it an opportune moment to again raise the question, and has appointed a committee to undertake this important and imperative work. This committee is now collecting information from various sources in reference to

the whole matter of sanatorium treatment of tubercular subjects, such as the cost of buildings, the cost per patient, suitable locality, the mode of administration, and all other particulars which enter into the subject.

A well-considered and well-informed report will then be submitted to the Society. This report will then be referred to the New Brunswick Medical Society at the next meeting in July for its approval and support. No doubt this subject will then be heartily taken up by the Provincial Society, and the next step taken, that of laying the matter before the Provincial Government.

It is hoped that a definite, well-arranged proposal and recommendation will be made to the Government, and it will then be for the Government to act.

Public opinion is in our favour. The public is now fairly well aware of the importance of the subject, a carefully-prepared plan having been submitted with the approval of the profession of the Province. Surely the Provincial Government will feel compelled to act. Let us hope so. In any case, the burden will be on the Government, which must then take the responsibility.

But the conditions and circumstances are such at the present time that the profession may have good hope of success.

CANADIAN MEDICAL ASSOCIATION.

The approaching meeting in this city from August 22nd to 25th promises to be a large and representative gathering. The co-operation of every physician in this province is earnestly desired, so that our visitors may speak with high terms of praise of their reception here. The different medical societies throughout Nova Scotia are actively engaged in furthering the financial details, for without money all hopes of entertainment are futile. The counties where societies do not exist will be appealed to by means of a circular letter, and we trust that the required amount will be forthcoming. The Medical Society of Nova Scotia will be the host of the Association, and let each member feel that he is a committee of one to do his individual best, and forward his contribution on receipt of letter.

All delegates will travel on the usual *Standard Certificate*, which must be obtained from the ticket agent for himself and his wife or daughters, if they accompany him.

The meeting will be held in the handsome new building of the School for the Blind, where ample accommodation will be obtained for all purposes, such as special rooms for committees, exhibits, post office, etc.

Besides the names already mentioned who are to contribute papers, will be the following so far received:

Address in Surgery—Francis M. Caird, Edinburgh.

Address in Gynecology—Howard A. Kelly, Baltimore.

Address in Obstetrics—T. Walker, St. John.

Address in Medicine—D. A. Campbell, Halifax.

Address in Ophthalmology—J. W. Stirling, Montreal.

A. Primrose, Toronto—Renal and Ureteral Surgery.

Dr. Geo. H. Burnham, Toronto—Two cases of Retro-Ocular Neuritis.

Dr. Herbert A. Bruce, Toronto—(Title to be announced).

Dr. D. A. Shirres, Montreal—The Symptoms, Diagnosis, Prognosis and Treatment of Neoplasms affecting the Central Nervous System.

Dr. Robert King, Montreal—Chorea, with an Analysis of 130 cases.

Dr. Maude E. Abbott, Montreal—Rare forms of Aneurysm.

Dr. J. M. Elder, Montreal—The Buried Suture.

Dr. M. C. Smith, Lynn, Mass.—Dentigerous Cysts, or the Removal of the Inferior Dental Nerve for Tic.

Dr. F. N. G. Starr, Toronto—Combination Operation for the Radical Cure of Inguinal Hernia.

Dr. Myron Metzenbaum, Cleveland—Physical and Clinical Researches of Radium.

MEDICAL SOCIETY OF NOVA SCOTIA.

It has been decided that the Annual Meeting, which will take place at Lunenburg this year, will be strictly a business one. The question of Insurance Fees, which has interested the profession throughout this province, will be considered by the Society, and no doubt an interesting discussion will be the result. The Lunenburg-Queens and Colchester Medical Societies have considered this important matter in all its details, and in this connection the letter

from Dr. Smith L. Walker, of Truro, in this issue, will bear careful consideration. Among other important matters, representatives to the Provincial Medical Board must be appointed at the approaching meeting. The Society will likely be in session the afternoon and evening of July 5th, but the usual post card from the Secretary will convey the required information. The steamer "Bridgewater," from this city, will leave on that morning and return the following morning. It is probable the South Shore Railway will run a daily train before that date. The Lunenburg-Queens Society are hopeful of a large delegation at this convention, so that important matters concerning the welfare of the profession in this province may be discussed and acted upon.

HONORS AT MCGILL.

The fact of Maritime Province students winning honors in the medical examinations at McGill is not an uncommon occurrence. We may be pardoned, however, in drawing particular attention to the results at the recent annual convocation. H. C. Mersereau, of Doaktown, N. B., carried off the Holmes Gold Medal for highest aggregate in all subjects. H. C. Burgess, of Sheffield Mills, N. S., was third in honors, and H. A. Leslie, of Souris, P. E. I., fifth. When it is considered that out of the 73 graduates, only eight received honors, all praise must be given our maritime boys. The third year prizeman was R. S. MacArthur, of Summerside, P. E. I., while C. S. Williams, of Tyne Valley, P. E. I., is a close second. R. C. Weldon, Halifax; E. J. Ryan, St. John, and P. A. McDonald, Alma, N. B., are also in the third year honor list. R. M. Benvie, of Salt Springs, Pictou Co., N. S., finished ahead of the second year class, and R. H. McDonald, North Bedeque, P. E. I., the first year. We likewise find that the Sutherland Medallist is D. R. Fraser, of Montague Bridge, P. E. I., and R. B. Dexter, of Wolfville, N. S., wins the Junior Anatomy Prize.

We heartily congratulate these maritime boys in their great success. May they ever uphold the high standard which students from our provinces usually attain.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

The President, Dr. McCully, in the chair.

March 29th.—*Pathological specimens.* Dr. Murray MacLaren exhibited. (1.) Gall stones removed from common bile duct; (2.) Fæcal concretion from a case of appendicitis; (3.) Enlarged liver of infant.

Dr. Corbet read a paper on the "Duality of Mind," (published in April number of the NEWS.)

April 5.—A paper on "Irritation of Prostate," was read by Dr. Case. The causes, symptoms and treatment were fully considered. (This paper will appear in the NEWS.)

April 12.—*Pathological Specimens.* Dr. MacLaren exhibited a brain, shewing a tumour on the occipital lobe. The President read a paper entitled "Conservatism in Medicine."

April 19.—Dr. S. H. McDonald reported a case of extreme valvular disease of the heart in a child. Much relief is obtained through severe attacks of epistaxis. The fat free tincture of digitalis as prepared by M. V. Paddoch was found to be of much service.

May 3.—Dr. Bentley read a paper on the "Complications of Gonorrhœa." The following were mentioned and reports of illustrative cases given,—(1.) Ophthalmia Neonatorum, (2.) Epididymitis and Orchitis, (3.) Gonorrhœal Rheumatism, (4.) Salpingitis.

May 10.—Dr. Grant read a paper on "Diphtheria," in which the diagnosis was more especially considered and the differential diagnosis between tonsillitis and diphtheria fully dealt with.

May 17.—Dr. White³ brought the subject of a Sanatorium for treatment of tubercular cases before the Society. The meeting unanimously endorsed the proposal to again undertake the work of bringing it before the profession and later the Government, and the following committee were appointed to² collect information and report: Drs. J. A. B. Addy, White, T. D. Walker,² Skinner, Murray² MacLaren, Inches and Lunney.

Dr. Skinner reported three cases of empyema, and one case of ectopic gestation.

May 31.—ANNUAL MEETING.

The Secretary, Dr. Lunney, read his report. During the year there were 24 meetings, the largest attendance at any one meeting was 19. The average attendance at meetings was between 8 and 9. There was not always a quorum present. Five new members have been added to the Society, and there was one loss by death. The membership stands at 53.

The Treasurer, Dr. Jas. Christie, reported that the Society was \$50 in debt.

The election of officers resulted as follows:—President, Dr. J. M. Barry; Vice-President, Dr. T. H. Lunney; Secretary, Dr. Pratt; Treasurer, Jas. Christie; Librarian, Dr. Margaret Parks; Room Committee, Drs. W. W. White, G. A. B. Addy, Crawford and T. D. Walker.

“So you have decided to get another physician.”

“I have,” answered Mrs. Cumrox; “the idea of his prescribing flaxseed poultices and mustard plasters for people as rich as we are.”

Ex.—

Quite right. If he had been up-to-date, he would have used Anti-phlogistine, whether his patients were rich or poor.

FOR SALE.

House, lot, etc., with medical practice “thrown in.” Apply to,

DOCTOR,
c/o Maritime Medical News,
Halifax.

Personals.

Dr. Robert King, for the past two years one of the resident physicians to the Royal Victoria Hospital, Montreal, is now associated in practice with Dr. A. I. Mader of this city.

Dr. M. D. McKenzie, of Advocate, has recently returned from post graduate work in London.

The NEWS extends its sympathy to Dr. J. A. Sponagle, in the death of Mrs. Sponagle, of Middleton, which occurred last month.

Dr. Osler and family sailed from New York, May 18th, on the S. S. "Cedric."

Obituary.

Dr. E. E. Dickey.—The death occurred at his home, 14 Church Street, on the morning of May 29th, of Dr. Edwin Egbert, son of the late Clement Dickey, of Upper Canada. The death was a particularly sad one, as Dr. Dickey had only been married a little over two months to Miss Anna Louise Tremaine, daughter of R. W. Tremaine. The deceased for nearly a year had been a sufferer from progressive muscular atrophy, but his death was quite sudden. He was 27 years of age, and after graduating from Dalhousie University, practised his profession at Wolfville, coming to Halifax about a year ago. Dr. H. L. Dickey, of this city, is a brother.

Dr. F. W. Campbell.—The death occurred on May 5th, of Dr. F. W. Campbell, Dean of the Medical Faculty of Bishop's College, aged 67 years. His two sons had died within a year, one of whom was Dr. Rollo Campbell. The Medical Faculty of Bishop's over which Dr. Campbell had been Dean for over twenty years, has now become amalgamated with McGill.

Dr. James Thorburn.—At Toronto, on May 26th, Dr. James Thorburn of that city passed away in his 75th year. He had been many years an active teacher in the Toronto School of Medicine, and latterly appointed Emeritus Professor of Therapeutics and Materia Medica. He possessed many admirable qualities, and had the honor to being President of the Canadian Medical Association in 1895.

Book Reviews.

A Text Book of Obstetrics.—By Adam H. Wright, M. D., M. R. C. S., Professor of Obstetrics, University of Toronto. Price \$4.50. D. Appleton & Co., New York, Publishers.

Following the valuable works on this subject which have been recently added to our library, this one is worthy of special consideration. The superiority of type and clearness of illustrations, and the size and arrangement of the work, give it a place at once for the student and general practitioner. The chapters on the anatomy of the pelvis and the physiology of its organs are concise and treat the subjects from a purely obstetrical standpoint. The treatment of the subject of the impregnation of the ovum and development is clear and the description of the growth of the amnion, chorion, decidua and placenta is particularly suited to the requirements of students. The development of the embryo and foetus with measurements of foetal skull given definitely for memory in both English inches and centimeters, is commendable. The mechanism and conduct of normal labor is explained, and many practical hints given which will be welcomed by the obstetrician. Face and breech presentations are carefully considered. The treatment is arranged in a tabulated form, which conveys a conviction that the methods have been well considered and come from an authoritative pen.

The chapter on puerperal sepsis is worthy of perusal by young and old practitioners, offering resourceful and practical suggestions, which will be welcomed by those having an extensive practice in any of our cities. The treatment of the subject of major obstetrical operations may not be as thorough as their importance would indicate, but the description and expert use of the forceps is very ably dealt with, and the merits of the axis-traction, especially those designed by Porter Mathew and Milne Murray, fully illustrated. For the work, we would predict a hearty reception by the medical fraternity; its individuality and arrangement for ready reference give it at once a conspicuous place on the shelves of the libraries of all active practitioners. The reviewer, who has had some years of teaching the subject of obstetrics, can state that it is by far the best book so far perused which will meet the needs of the advanced student.

Clinical and Microscopical Diagnosis. with 188 Illustrations and 9 Colored Plates.—By FRANCIS CARTER WOOD, M. D., Adjunct Professor of Clinical Pathology, College of Physicians and Surgeons, Columbia University, New York; Pathologist to St. Luke's Hospital, New York. Price, Cloth, \$5.00; Half Leather, \$5.50. Published by D. Appleton & Co., New York.

This is one of the many books whose aim is the examination of blood, stomach contents, faeces and urine, as well as the various transudates and exudates, etc., as an aid in the diagnosis of disease.

It is written in a pleasing style, the author stating the different procedures as he has found them. He gives only the best and most practicable methods so that the reader is not compelled to review a tiresome list of details.

From a review of the methods described, we are convinced that the author is familiar with the technique of the different procedures and is in a position

to emphasize the relative value of the different methods, so that the reader has the advantage of the author's extensive work in this field, and is not compelled to go through many different tests in order to find a practical and workable method.

The work is so uniformly excellent that it would be difficult to point out any special feature. The chapter on blood, while covering the same grounds, is stated more clearly and simply than in many books on the same subject. The blood plates are good and are well arranged.

In the chapter on serum reactions, the known limitations in this field are well defined, so that men who for different reasons have been unable to keep themselves fully posted on this subject, are not led to erroneous conclusions.

The different methods in the examination of urine, sputum, milk, gastric contents, etc., are dealt with and are uniformly reliable.

All readers of this book would undoubtedly conclude that, without any exaggeration, the author might have added to his preface, the following: "the work is especially designed so that the general practitioner and those interested in clinical diagnosis might have a reliable guide."

L. M. M.

International Clinics.—A Quarterly of Illustrated Clinical Lectures and Especially prepared Original Articles Volume. I., Fifteenth Series, 1905, J. B. Lippincott Company, Philadelphia, Publishers. Canadian representative, Charles Roberts, 1524 Ontario Street, Montreal.

The constant reader of the Clinics cannot fail to assimilate knowledge that must prove of material advantage to him in his practice. This has been verified in the experience of the reviewer, who hopes to substantiate this statement shortly in at least one instance. Some of the practical articles in the last volume are: "The Treatment of Cardiac Asthma," by P. Merklen, M. D., Paris; "The Carbohydrates of Human Urine in Health and in Disease," by Carstairs Douglas, M. D., Glasgow; "The Eye and the Hand in the Diagnosis of Heart Disease," by J. J. Walsh, New York; "The Starvation of Malignant Growths by Depriving them of Blood Supply," by R. H. M. Dawbarn, M. D., New York. Especially have we read with profit the able and instructive article entitled, "Skin-Grafting in the Late Treatment of Severe Burns Involving Extensive Areas of Skin," by Archibald Young, M. B., Glasgow. The diagrams and plates in the contribution referred to, which comprise some thirty pages, are likewise of great value. Progress of Medicine during 1904, comprising Treatment, Medicine and Surgery, deals with recent researches in every domain of medicine. These hundred and ten pages will be found a valuable reference guide for most of the common as well as rare conditions.

Therapeutic Notes.

LISTERINE DERMATIC SOAP.—The Lambert Pharmacal Co. has lately inaugurated a new venture in the way of an antiseptic soap which possesses the virtues of Listerine in so far as a soap may. It is only a matter of recent years that especial attention has been given to producing soaps which shall possess a degree of curative power in disease of the skin and in the care of surgical conditions. A considerable variety of such soaps is now on the market, and the mission of the lot is wide; it is safe to say that Listerine Dermatic Soap will prove one of the most serviceable, and will soon make for itself a popularity with the profession in keeping with that which has been established by Listerine.—*Medical Fortnightly*, Jan. 25, 1905.

SOME FACTS ABOUT SANMETTO.—Sanmetto is a combination of the virtues of santal and saw palmetto in a pleasant menstrum of aromatics. In your practice you will find many diseases and diseased conditions in which Sanmetto will be indicated. I will name some of these diseases, and you have only to prescribe this remedy. Be careful as to diet and exercise as you would in prescribing any other remedy, and you will soon find it the best friend you ever had,—Cystitis, both acute and chronic; enlarged prostate with its usual irritation of neck of bladder and sensitive urethra; urethritis, both specific and non-specific; impotence, either due to excess or premature decay; and simple irritation of any part of the genito-urinary tract. It is also a great aid in treating many diseases of the pelvic organs in the female. Also seminal emissions and prostaticorrhea, hæmaturia and enuresis are well treated with this remedy, except where surgical interference is necessary.

Orkney Springs, Va.

C. W. CANAN, M. D.

ANTIKAMNIA, (Therapeutic Indications).—Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is to-day in greater use than any other of the synthetically produced antipyretics. The literature is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza and particularly in the pains due to irregularities of menstruation. Antikamnia has received more adverse criticism of a certain spiteful kind, particularly directed against its origin—and because of its success—than any other remedy known; critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that antikamnia has proved an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. That is the secret and mainspring of the antikamnia success. It is antipyretic, analgesic, and anodyne, and the dose is from 5 to 10 grains,

in powder, tablets or in konseals taken with a swallow of water or wine. When prescribing Antikamnia, particularly in combination with other drugs, it is desirable to specify "in konseals," which are rice flour capsules, affording an unequalled vehicle for administering drugs of all kinds.

TREATMENT OF FELONS.—Felon is classed as minor surgery, and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every six or eight hours and resolution will, as a rule, occur without the formation of pus. If pus has already formed, incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube one-quarter inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

NUTRITION IN HEART LESIONS—A most successful factor in the handling of cardiac lesions, either functional or organic, is proper nutrition. In fact, I know of no other disease where failure attends the proper selection of remedies so often as in cardiac trouble the cause being due to improper feeding. In functional derangements, the most carefully selected remedies fail to bring about the desired result if the diet of the patient be improper or he be overfed, while in structural lesions we are defeated before we begin, if we neglect the nutrition. When we take into consideration that nearly every functional disturbance of the heart, in perhaps forty per cent. or more cases, can be traced directly to gastric intestinal disturbance, we will all the more rightly appreciate the great importance of a proper diet. In handling these nervous conditions or functional abnormalities, one can accomplish very little with medicine unless his patient's diet is properly selected. The diet should be one requiring little or no digestion, and yet supplying in proper proportion a full quantity of the elements of an absolute nutrition. When we come to prescribe for structural lesions, we find the diet most important, for every organic lesion is not only aggravated by faults of digestion, but the nutrition of the organ itself relies largely upon the diet furnished. If we take into consideration the various valvular derangements, it will be found that the heart is able to do its work owing to compensatory changes that have gradually taken place, and that the case only becomes grave when compensation fails. The chief aim in the treatment should be to maintain this stage of compensation, and while the drugs usually employed in these conditions bring about desired results in part, complete results are not obtained unless proper and complete nutrition is supplied. In cardiac enlargement the same state of affairs prevails. To maintain the heart, when hypertrophied, a uniform degree of nutrition is most essential and should receive the physician's careful consideration. In the handling of all cardiac conditions, and my experience has been a large one, I have found that Bovinine was the ideal food and tonic. It does not over-stimulate the heart, but supplies sufficient stimulation. It gives to the system a proper proportion of every element of nutrition and a normal amount of assimilable iron. Each individual case must be studied and the quantity of Bovinine administered, suited to that case.—T. J. BIGGS, M. D., Stamford, Conn.

THE MARITIME MEDICAL NEWS.

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Orginal Communiations.

IRRITATION OF PROSTATE GLAND.*

By MAYES CASE, M. D., St. John, N. E.

Much importance attaches to the prostate gland, on account of its relation to the sexual and urinary functions, disturbances in which are always viewed with much concern by those subject. I have encountered quite a number of cases where I have found certain morbid phenomena—in respect to these activities—so acute and severe in their character as to require special and careful attention. It might be well to take a look at the prostate gland, its anatomy and relations, before entering upon a discourse of its diseases, and I cannot do better than to quote from Gray's anatomy. The prostate gland is a firm pale glandular body which surrounds the neck of the bladder, and commencement of the urethra. It is placed in the pelvic cavity behind and below the symphysis pubis, posterior to the deep perineal fascia, and upon the rectum, through which it may be distinctly felt, especially when enlarged. In shape and size it resembles a chestnut. Its base is directed backward, towards the neck of the bladder.

The apex is directed forward to the deep perineal fascia which it touches.

Its under surface is smooth and rests upon the rectum, to which it is connected by dense areolar fibrous tissue.

* Read before St. John Medical Society.

Its upper surface is flattened, marked by a slight longitudinal groove and placed about three quarters of an inch below the pubic symphysis.

It measures about an inch and a half in its transverse diameter at the base, an inch in its antero-posterior diameter, and three quarters of an inch in depth, its weight is about six drachms. It is held in position by the anterior ligaments of the bladder (pubo-prostatic) by the posterior layer of the deep perineal fascia, which invests the beginning of the membranous portion of the urethra and prostate gland, and by the anterior portion of the levator ani muscle, (levator prostatae) which passes down on each side from the symphysis pubis and anterior ligament of bladder to the sides of the prostate.

The prostate consists of two lateral lobes and a middle lobe, the two lateral lobes are of equal size, separated behind by a deep notch, and marked by a slight furrow upon their upper and lower surfaces. The third or middle lobe is a small transverse band, occasionally a rounded or triangular prominence placed between the two lateral lobes at the under and posterior part of the organ. It lies immediately beneath the neck of the bladder, behind the commencement of the urethra and above and between the ejaculatory ducts. Its existence is not constant, but it is occasionally found at an early period in life as well as in adults and old age. Now from its posture at the neck of the bladder, the prostate gland has much to do with the physiological function of that organ, and from its construction containing among its constituent parts, the seat of the sexual proclivities—in the prostatic urethra—any perversion in the function of the gland is quite sure to be reflected to the urinary and generative organs from direct sympathetic nervous relation. Keeping these things in mind, we are often able to identify morbid processes, which otherwise might pass unnoticed, or could not be explained.

These cases, prostatic irritation, occur most commonly in young subjects, and follow usually upon an attack of gonorrhœa. They are especially obstinate in these cases and require prolonged attention. The symptoms of the disease vary somewhat with the nature of the attack, a mucoid discharge—not infectious—a feeling of weight in the perinaeum, incontinence or retention of urine. These symptoms are aggravated by sexual indulgence. Upon examination—palpation

per rectum, the prostate gland will be found tender and and painful to pressure. This state is further shown by introducing a steel sound, which upon entering the prostatic urethra causes much pain and distress.

The treatment of the condition is rest, with physiological rest of the organ if there be much pain. An anodyne is called for—eight minims of deodorized Tr. Opii with five minims tr. belladonnae at a dose every six hours until relieved. Then, when the acute severe symptoms have gone, the most curative agent is the *steel sound*, *largest diameter possible*, *carefully sterilized* and lubricated with a bland oil, *cautiously introduced* at intervals of *four days*. I have gotten much satisfaction from the foregoing treatment and believe firmly in the *steel sound* skillfully employed. It will overcome irritation anywhere in the urethral canal, and nowhere has more effect than when the trouble is situated in the *prostatic urethra*.

Two other drugs are worthy of mention in these cases. The oil of sandalwood either by itself or the mixture prepared by P. D. & Co., the elix. saw palmetto cum santal co. Next to opium this drug has the most soothing effect in this disorder. Then there are the preparations of cannabis indica. I prefer the tincture made from the solid extract. This drug is very useful, particularly when the bladder is involved. They should not be used, or rather they have very little application during acute stages, and are most advantageously used during instrumentation or alternating with the sounds in sub-acute and chronic cases.



Retrospect Department.

MEDICINE AND THERAPEUTICS.

D. A. CAMPBELL, M. D., Halifax.

W. H. HATTIE, M. D., Halifax.

BRONCHIAL ASTHMA.—It is important to remember that the term asthma is usually employed to indicate some form of spasmodic dyspnoea. Since this is so, it is obvious that there will be several causes of asthma, and consequently a number of clinical varieties, which may be distinguished as follows:—*Cardiac asthma*, due to cardiac disease, especially dilatation of the cavities. *Renal asthma*, which occurs in uremia, and is usually known as uremic dyspnoea. Attacks of this kind are generally nocturnal; the patient sits up in bed and gasps for breath, and is as much distressed as in true bronchial asthma. *Hay asthma*, which is associated with hay fever, and may indeed be accompanied with ordinary bronchial asthma. *Thymic asthma* is another name for laryngismus stridulus, and was so called because it was thought at one time that the laryngeal spasms were brought about by reflex irritation due to enlargement of the thymus gland. *Bronchial or spasmodic asthma* is a condition in which there is a marked neurotic element, and is due to sudden spasm of the unstriped muscles which exist in the walls of the bronchi and bronchioles, and which are innervated by the pneumogastric nerves. At the same time there is a swelling of the bronchial mucous membrane, which is often associated with an increased secretion from the mucous membrane of the smaller bronchioles. This condition has been called by Curschmann—*bronchiolitis exudativa*. In severe attacks of spasmodic asthma, the paroxysms usually occur at night. During the day the patient commonly suffers from cough, sometimes accompanied with considerable wheezing. In more chronic cases the disease is usually associated with chronic bronchitis and emphysema. The treatment of bronchial asthma may be conveniently described under two headings:—

- (1) That to be resorted to during the acute attack;
- (2) That to be adopted during the intervals of the attacks, in order, if possible, to prevent their recurrence.

During the asthmatic attack a little chloroform should be inhaled. This produces rapid relaxation of the bronchial muscles. Hypodermic injections of morphia with cocaine, or morphia ($\frac{1}{3}$ of a grain) and atropine ($\frac{1}{100}$ of a grain) will bring about the same effect, but this remedy should be reserved for severe paroxysms. Stramonium cigarettes may also be used. A drachm of a powder consisting of powdered Belladonna, Stramonium, and Hyoscyamus leaves with some potassium nitrate, burnt and the fumes inhaled will often bring about relief. Relief may also be obtained by the inhalation of three to five minims of nitrite of amyl from a crushed capsule. Between the attacks the following medicine may be given, the potassium iodide sometimes acting almost as a specific:—

R	Potassi Iodidii	-	-	-	-	-	gr. x.
	Tincturæ Lobeliæ	-	-	-	-	-	3 ss.
	Vini Ipecacuanhæ	-	-	-	-	-	m xii
	Aquæ Chloroformi	-	-	-	-	-	ad oz. i.

Misce. Ft. Mist.

Two tablespoonfuls to be taken three times daily after food.

The following is a very good formula recommended by Dr. Burney Yeo:—

R	Potassii Iodidi	-	-	-	-	-	gr. xii.
	Extracti Stramonii	-	-	-	-	-	gr. $\frac{1}{6}$.
	Spiritus Chloroformi	-	-	-	-	-	m xx.
	Spiritus Ammonii Aromatici	-	-	-	-	-	m xx.
	Aquæ	-	-	-	-	-	ad. oz. ss.

Misce. Ft. haust.

The draught to be taken just before going to bed.

Two other considerations must be kept in mind. The *place of abode* must be chosen which is found to suit the patient best, some persons suffering from asthma prefer high dry altitudes, others the seaside, some find that they are better in towns, others in the country. The *diet* must be carefully regulated, and as a rule, heavy meals should not be taken in the evening. Dyspepsia is often the starting-point of an attack. Hot whisky with a few minims of spirits of chloroform will often cause relaxation of the bronchial muscles and so stop a commencing attack.—*Practitioner*, May, 1905.

OCEAN BATHING.

Philip Marvel, Atlantic City, N. J. (*Journal A. M. A.*, April 8), calls attention to the effects of ocean bathing. Sea water is really a mineral water containing large quantities of salts in solution. He calls attention also to the effects of temperature; to the depression of the system due to long exposure in cold water, showing itself by a drop of from one to two degrees of body temperature and in lessening of the pulse rate from fifteen to twenty beats. If after a bath there is a general glow of the surface succeeded by a pleasing warmth internally and accompanied by a sense of general invigoration the effect is salutary. If, on the other hand, there is chilliness, depression and languor, the reverse is the case. In his opinion, ocean bathing, as carried on in the Atlantic coast resorts, does more harm than good, and physicians should warn patients of the dangers of too long immersions and of exposure in wet clothes on the sand. The practice of promenading the beach in scanty and wet clothing after a long exposure in the surf is to be condemned. An important feature in sea bathing is the impact of the waves on the body, and to this may be added the thermic stimulation of the cold, the chemical irritation of the salt and the mechanical effect of the forced activity, all producing a combination of the stimulating influence of a brine bath at low temperature with the effect of a stimulating hydrotherapeutic procedure. These effects are admirable for stimulating functional activity in weakened conditions in which normal metabolism is inhibited or in which a condition of perverted nutrition exists, as in some functional disturbances of long standing. Sea bathing is contraindicated, however, wherever there is weakening or loss of elasticity of the arteries, organic heart disease, recent rheumatism, cholelithiasis, acute gastrointestinal or febrile disease or in any condition where the normal resistance is so reduced that it is necessary to guard the patient's forces.

PRESCRIPTION HINTS.

Treatment of Acute Coryza.—According to Weitlaner, acute coryza may be successfully aborted by the following combination:

R—Sodii salicylat..... gr. xx
 Pulv. Doveri..... “ ii.

Give at first every three hours, later two or three times a day.

Warts.—

R.—Acid. salicylici..... gr. ~~xxx.~~
 Resorcin..... “ ~~xxx.~~
 Collodion flexil..... dr. iv.

Paint on the warts every night for a week.

Local treatment of Rheumatism and Pleurisy.—Good results in rheumatism and pleurisy have been obtained from local applications of guaiacol and salicyclic acid (10 per cent. each) dissolved in oil. The pains disappear rapidly, and any fluid present is soon absorbed.

Chronic Rheumatism.—

R.—Potass. iodid.
 Sodii salicylat.
 Vin. colch. sem āā...dr. ii
 Aq. ad.....oz. iv.

Sig.—One tablespoonful four times a day, diluted with waters.

Pruritus vulvæ.—The *Buffalo Medical Journal* recommends the following in the treatment of pruritus vulvæ:

R.—Acid. borici..... gr. iii.
 Acid. carbolic..... gr. iii.
 Morph. hydrochlor..... gr. i.
 Lanolin..... oz. ii.

M. Ft. ung. Sig.—Apply locally.

 URIC ACID.

In the May 12 issue of *The Journal A. M. A.* is completed a series of special editorials critically summarizing what is known of the physiologic and pathologic action of uric acid in the human organism. It is surprising, *The Journal* remarks, what a small bulk of well-determined facts has been accumulated and how much time and labor have had to be spent to prove the erroneousness and harmfulness of most of the speculative views that have been advanced. It is worth much, however, to have learned the chemical and physical qualities and relationships of uric acid; to have distinguished the exogenous and endogenous uric acid of oxidative origin and between these and that of synthetic source; to be informed, even partially, as to the methods of its formation and destruction and the approximate localization of these processes in the body; and to have recognized that the substance probably circulates in the blood chiefly as mononatrium

urate or in combination with thymine acid. It is also of importance to have learned on the pathologic side that gout is probably the only disease for which disturbances of uric acid metabolism are directly and mainly responsible. The bearing of the facts so far ascertained on the rational treatment of gout is pointed out. In combating the primary disorder of metabolism we must protect against the influences that favor its development, and we may also attempt to prevent the deposit or excess of uric acid or urates in the body. The formation of exogenous uric acid can be largely controlled by diet, limiting the nucleins and purin derivatives in the food. There is no certain proof that drugs can diminish uric-acid formation, though choline acid has been reckoned as one that does so. If it has such effect its mode of action is not known. To increase uric-acid excretion, the best means is to increase the secretion of urine, hence copious water drinking is advised. How to destroy uric acid in the body is not clear; there is no proof that there is any diminution of the oxidative processes in gout or any basis for the view that drugs hasten uric-acid destruction. The fallacies of the popular so-called "antilithic" and "uric-acid solvent" treatment is shown by the fact that it is impossible to produce in the blood and tissue juices exactly the soluble urate needed, and by the further fact that the solubility of any urate is decreased by the sodium salts in the blood. If uric acid is to be rendered more soluble in the blood it must be by the formation of some easily soluble combination with other organic compounds with production of substances which are not dissociable, *i. e.*, which are not salts. Uric acid combines with thymine acid in this way, and also with formaldehyde, forming a non-salt-like compound, but it is doubted whether such substances ever really exert any beneficial influence in gout. On the whole, the best that can be expected from drugs at the present in gout appears to be the relief of pain by the salicylates, colchicum, etc. The mainstay of the therapy in the disease consists in a well-regulated regimen, for the acute attacks, rest and local applications, and for the tophi in the joints local phagocytic activity may be excited by means of hot applications and massage.

SURGERY.

M. MACLAREN, M. D., M. R. C. S., St. John.
JOHN STEWART, M. B., Halifax.

THE DISCUSSION OF APPENDICITIS, at the Royal Medical and Chirurgical Society, London.

A debate of "intensely interesting character" which occupied this Society in three successive sessions, is reported in the *Lancet* of March 4th, 11th and 18th, also in the *British Medical Journal* of same dates.

The debate followed the reading of a paper by Sir Frederick Treves, on "the prospects and vicissitudes of appendicitis after operation." This paper, containing one of the most valuable contributions to the statistical study of appendicitis, deals with the results of 1000 consecutive operations for appendicitis, at the London Hospital, and also refers to cases in private practice.

The distinguished reader of the address, who, it will be remembered, was the first to propose in 1887, the systematic removal of the appendix, during the quiescent stage, in relapsing cases, dealt in the first place with imperfect results following removal in the interval. He showed that these are in some cases due to imperfect removal of the appendix, and both he and other surgeons who took part in the debate, related cases in which they had operated for continuance of pain in persons who had already had the appendix removed, and found that the appendix had not been completely resected, but that a stump of from half an inch to one inch in length had been left. In a case where the opening of the appendix into the cæcum is constricted, it is evident the symptoms would still persist. There is no doubt the appendix should be removed close to the cæcum.

In females the persistence of pain after removal of the appendix, is sometimes due to morbid conditions of the ovary. Treves confesses that it is sometimes impossible to make a differential diagnosis between appendicitis and ovaritis. In the same issue of the *British Medical Journal* which contains Sir Frederick's address, (March 4th, 1905,) there is a paper by Heaton of Birmingham on "some peculiarities of appendicitis in the female sex", in which stress is laid on the

coexistence of inflammation in appendix and ovary, which coexistence is explained anatomically by the fact, pointed out by Clado, of a continuity between the sympathetics of the appendix and ovary, through the appendiculo-ovarian ligament. The obvious moral is that in operations for appendicitis the condition of the right ovary should be ascertained.

Another frequent cause of persisting pain after removal is the presence of colitis. The coexistence of various kinds of colitis with appendicitis has long been known. Sometimes the appendicitis is apparently the cause of the colitis.

Mr. Lockwood, whose work on appendicitis is so well and favourably known, and who took a most interesting part in this discussion has an article, (also in the *British Medical Journal* for March 4, 1905,) on the "relationships between colitis and appendicitis from a surgical point of view," which should be carefully studied.

In considering colitis as a possible cause of persistent pain after the appendix has been removed, it is well to bear in mind the curious association of colitis, especially of the membranous type, with neurotic and hysterical conditions. For undoubtedly some of the patients who complain of persistence of pain, and who vex the soul of the surgeon by clamouring for further operation, are hysterical—and some of these have colitis. Occasionally the pain may be due to gout—or to gall stones, or to some condition of kidney or ureter. Sir Wm. Bennett, in his remarks, insisted on the necessity of examining not only the right ovary but the ureter, as an impacted calculus has sometimes been the cause of persistent pain.

In a few of these troublesome cases a lump may be felt in the right iliac fossa. This may be due to inflammatory thickening about a ligature, in which case it gradually subsides, or to fæcal impaction, which is removed by enemata and laxatives. It may also be due to tubercle or carcinoma in the glands. In a certain proportion of appendix cases, examination of the appendix under the microscope reveals the presence of these serious diseases.

Further "attacks", after the removal of the appendix in the quiescent stage (interval operation) were complained of in $4\frac{1}{2}$ per cent.

Imperfect results after the evacuation of the abscess, (without removal of appendix) were next dealt with. Among these are ventral hernia, more likely to follow the drainage of the abscess than the clean incision and separation of muscles practised in the "interval" operation. Slowly healing or persistent sinuses are a troublesome complication. This condition is due either to the diseased appendix still present, or to concretions. Frequently the latter are to blame, and when removed by forceps or scoop, the sinus closes. Fæcal fistulæ occurred in 12 per cent. of the abscess cases. In Treves' experience, such fistulæ, unless caused by actual cutting or tearing of the bowel, have a tendency to close spontaneously.

It is interesting to note that Treves has somewhat modified his views as to the question of *fresh attacks of appendicitis after the abscess has healed*. He says: "I was at one time disposed to think that the patient who had had a perityphlitic abscess was, *ipso facto*, cured of his malady, and although he might have further trouble with the abscess, he may fear no other attack of definite appendicitis. Longer experience has proved that this assumption is not correct. I am of opinion, however, that the number of patients who have definite attacks of appendicitis after a perityphlitic abscess has been evacuated are very few."

The practical importance of this view is its bearing on the very vital question of removal of the appendix at the time the abscess is evacuated, or the advisability of removing it, as a routine procedure, in abscess cases, as soon as the abscess has healed and the patient is in good condition for operation. Treves argues against the establishment of such a rule. He points out that statistics show that, in cases of abscess formation, only about 17 per cent. have a further attack. Secondly, that the risk to life of subsequent attacks is small. He quotes the statistics of Mr. Bottle, who, on the other hand, advises removal of the appendix in these cases, to show that while the mortality of a first attack is 25 per cent., that of a second is only 7 per cent., and a third 2 per cent.

And he lays stress on the well known fact that in cases where an abscess has formed the removal of the appendix is sometimes exceedingly difficult and sometimes even impossible, and could only be done at the imminent risk of the patient's life. Mr. Pearce Gould agreed

with this view. He had found in his hospital cases, that "just 10 per cent. of cases of abscess that recover after operation were liable to have a return of the disease. Therefore it was better to wait and see if mischief returned before deciding the question of a second operation"

Sir Wm. Bennett also approved of this stand. He had only once to remove an appendix which had been left untouched after the evacuation of an abscess. He deprecated any prolonged search for the appendix, in pus cases, unless the patient were in good condition. "With regard to the routine removal of the appendix after the healing of an evacuated abscess, his experience led him to be strongly opposed to it, unless, of course, signs of trouble developed."

Another well known and most successful surgeon, Harrison Cripps, held the same view. He said that "a few years ago he regarded it as his duty, abscess or no abscess, to dissect out the appendix. But with subsequent experience he had changed his views. He believed now that if in acute abscess the surgeon satisfied himself by letting matter out by a free incision a better result followed. He believed the best treatment was to make an incision, not attempting to remove the appendix unless it was readily seen, evacuate the pus, and put in a gauze drain." Mr. Lockwood on the other hand would decide each case on its merits, and after the abscess had been opened, but his bias was strongly in favour of removing the appendix "provided the general and local conditions did not forbid."

The last subject considered was the complications attending operation for appendicitis.

Among these is the phenomenon of thrombosis of the femoral vein, which very curiously affects the left femoral vein much more frequently than the right. (Eleven out of twelve cases in Treves' list of one thousand cases.) Charters Symonds and Mayo Robson consider that the venous thrombosis is due to the enforced rest and absence of motion of the limb. Both these surgeons encourage their patients to move the limb and to turn on the side. No one, however, offered any explanation of the curious fact that the left vein is more commonly affected.

Acute intestinal obstruction appeared as a complication in ten of the one thousand cases, and six of these died. The obstruction was

in some cases due to adhesion of the inflamed appendix and bands, in others paralysis of the injured bowel.

Pulmonary complications occurred in forty-five of the one thousand cases. Seven of these were cases of empyema. There was one case of pulmonary embolism. The President of the Society, Sir Douglas Powell, considered this a remarkably low proportion, saying that the greatest number of cases of pulmonary embolism which he had seen were in cases operated on for appendicitis. He quoted the statistics of Oppenheimer, which gave a proportion of sixteen per cent.

From the physician's point of view, Dr. Samuel West pointed out the fact, gathered from statistics in hospitals, and from the general experiences of practitioners, that the great majority of cases of appendicitis (about seventy-five per cent.) get well without any operation. That some cases recover, and that these should be operated upon. That wherever suppuration was manifest, or probable, operation should be done. That opening the abdomen was not a trifling procedure, but introduced risks of its own. That each case must be judged on its own merits. And, lastly, that the success of operation largely depended upon the skill of the operator, so that a personal factor entered into the results.

The one thousand cases on which Sir Frederick Treves in part based his remarks occurred at the London Hospital between July 6, 1900, and August 15, 1904. Of these 364 were operated on during the quiescent period, with four deaths, or 1 in 91 cases, (1.1 per cent.) Thirty-nine operated on during an attack with local peritonitis, but no pus, gave a mortality of 5, or nearly 1 in 8, (12.8 per cent.) The abscess cases amounted to 431, and of these 35 died, or 1 in 12, (8.1 per cent.) Lastly, 166 patients were operated upon with general peritonitis present, and of these 127 died, or 76 per cent.

The opinion is widely held, and is supported by statistics, that appendicitis is an increasingly common affection. Various reasons are assigned for this, and many are the causes supposed to give rise to this dangerous disease. The important bearing of colitis was brought out in the course of the discussion which we have just reviewed. And there can be no doubt that disordered conditions of the colon, or, indeed of the alimentary tract in all its divisions, must affect the appendix. In this connection it is interesting to note the

results of experimental appendicitis as produced in animals. Zalenberg, in the *Annals of Surgery*, (March, 1905,) refers to his laboratory researches, and points out the prime importance of distension of the bowel as a factor, favouring the entrance of faecal matter into the appendix, where it tends to form concretions, which in turn may act as a ball valve and prevent the escape of the secretions of the appendix, lead to congestion of its walls and distension of its cavity.

Clinical experience, no less than *a priori* reasoning, lead us to believe that faulty digestion, intestinal fermentation, and flatulent distension of the bowels are among the chief factors in producing appendicitis, and that a simple diet, careful mastication of foods, and leisureliness in eating are among the chief preventive measures.

Therapeutic Suggestions.

VOMITING IN PREGNANCY.

R	Cocain. hydrochlor	gr. xv
	Carbolic acid.....	m. x
	Cinnamon water	ozs. ss
	Ginger syrup, q. s	ad.... ozs. j

M. Sig.: Ten drops gradually increased to twenty, in a little water every hour until relieved, then every 2 or 3 hours. (Potter.)

EARACHE.

R	Chloral hydrate.	
	Camphor.....	
	Carbolic acid.....aa.....	gr. xx
	Castor oil	oz. j

M. Sig.: Pour into ear (after warming) enough to fill it; cover with cotton wet with warm water, and a cloth wrung out of hot water.—Brodnax.

WARTS.

R	Sulphur	drs. x
	Glycerin.	drs. xxv
	Glacial acetic acid	drs. v.

M. Sig.: Shake. Apply to warts daily. This application is made with a splinter or camel's hair brush, The warts dwindle and dry gradually, and finally drop off.—Practical Druggist.

Selected Articles.

APPENDICITIS AND PREGNANCY.

By J. CLARENCE WEBSTER, M. D., Chicago.

Professor Gynecology and Obstetrics Rush Medical College; Gynecologist and Obstetrician, Presbyterian Hospital; Consulting Gynecologist St. Anthony's and Passavant Memorial Hospitals.

Within recent years considerable attention has been given to this subject, Mundé, in 1893, being the first to refer to it in this country. In 1887 Abrahams collected only eleven cases reported by American authors and added four others observed by himself. Since that time a very considerable number of cases have been reported both in Europe and America. The disease is more common than is suspected, being undoubtedly often overlooked because the symptoms and signs in many cases are not sufficiently pronounced to lead to careful investigation or are classed among the various disturbances which are so frequent in the pregnant condition. The great majority of reported cases have been those in which the phenomena have been distinct or alarming. According to Donoghue eighty per cent. of these have occurred during the first six months of gestation.

So far as is known, pregnancy does not favor the occurrence of primary appendicitis. In cases in which there has been previous inflammation in or around the appendix, pregnancy may increase the liability to an exacerbation. Increased vascular engorgement and constipation may be factors which exert a harmful influence. But the most important element may be mechanical, viz., pressure of the growing uterus on the appendix and cecum or the stretching of adhesions. The latter factor is likely to be most serious when the appendix is adherent to the broad ligament or pelvic viscera, which are considerably displaced upward by the pregnancy.

Several cases have been observed in which a woman has had definite attacks in successive pregnancies.

The seriousness of appendicitis is certainly increased by the complication of gestation, especially in suppurative cases, the risk being greater the more advanced the pregnancy. The mortality following perforation, whether operated immediately or not, is very

high. In cases in which the periappendical suppuration is localized, the danger is far more pronounced than in the non-pregnant state, because spontaneous emptying of the uterus tends to take place.

The alteration in the size and position of the uterus which is thereby produced is apt to lead to rupture of adhesions, bursting of the abscess cavity and general extension of infection. Even when such areas are opened and drained, there is still a much greater risk than in the cases of non-pregnant women.

The occurrence of appendicitis soon after labor is in some cases undoubtedly due to the mechanical changes in the uterus and adnexa. Under these circumstances an appendix may be stretched, twisted, or even ruptured, and a severe local or generalized infective process may be started, and the wall of the uterus may be invaded. Doubtless, such an attack is not infrequently diagnosed as "puerperal infection" in the absence of careful bacteriologic examination of the interior of the uterus, and because the symptoms of acute peritoneal infection of appendical origin may resemble so closely those following extension from the tube and uterus. Several cases have been reported in which the appendix was the source of infection, supposed to be "puerperal."

As regards the influence of appendicitis on the gestation, it is certain that there is no interference in slight cases or even, sometimes, in sharp attacks where there is no suppuration. But, generally, in severe disturbance, especially where an abscess or general peritonitis develops, there is a tendency to emptying of the uterus, and to fetal death. Infection may extend to the uterus and its contents, or the fetus may be affected by the high temperature and the circulating toxic matter. In some cases, however, in advanced gestation a living fetus is expelled, though it is not likely to survive if the patient has been septic for some time previous to delivery.

Diagnosis.—The diagnosis of appendicitis in pregnancy is sometimes easy, but is often uncertain. When the characteristic typical features of an acute attack occur, they are generally recognized, but in other circumstances it may be difficult to form an opinion. In slight cases the nausea which may be present is apt to be considered as due to old pelvic inflammation, or, in some cases, to threatening of miscarriage. Leucocytosis may be thought to be due to pregnancy.

Whenever fever occurs with pain in the right side and nausea, the possibility of appendicitis as a case should be kept in mind. An infective process in the ureter or pelvic organs, gall-bladder or right kidney, various gastro-intestinal disorders, and other conditions, may produce somewhat similar symptoms, and, thus, an error in diagnosis may easily arise. A severe sudden attack may simulate rupture of an ectopic gestation, but with the latter there is usually more or less evidence of loss of blood with fever.

When a local abscess forms the mass may be mistaken for a tumor. In one case observed in consultation by the author, the pus extended on one side deeply into the pelvis and displaced the pregnant uterus towards to opposite side, so that it was believed to be an ectopic gestation.

Treatment.—Every non-pregnant woman who is likely to become pregnant, in whom a definite attack of appendicitis has once occurred, should have her appendix removed before pregnancy is allowed to take place, as a prophylactic measure. When the condition is diagnosed for the first time during gestation, or when there is a recurrence of an old attack, it is advisable to operate as early as possible. The earlier in pregnancy the operation is performed the more satisfactory is the result and the stronger the abdominal wall if the patient goes to full time. There is always a risk of interrupting pregnancy by the operation, and this is probably increased if the latter be prolonged or the viscera be handled excessively. In suppurative cases this risk is very much greater. The most troublesome cases are those in which drainage must be employed, since during healing adhesions are apt to form on the right side of the uterus which may lead to distress or tenderness if pregnancy continues, and may interfere with the action of the uterus during labor. Moreover, the scar area may be weakened and herniation may occur. If premature emptying of the uterus takes place during drainage, there is a risk of infection of the genital tract by the discharge. When general peritonitis is present, the outlook is very serious. Free drainage is necessary, but is difficult to carry out satisfactorily if pregnancy be at all advanced.

In all acute cases in advanced pregnancy Marx advises *accouchement forcé* at first, followed by the abdominal operation. This suggestion is a good one because it enables the abdominal drainage, which may be necessary, to be more thoroughly carried out. I

would not be advisable to adopt this procedure in cases in which a localized abscess is present, because of the risk of rupturing the latter by the changes in size and position of the uterus which may form part of its wall.

When an attack of appendicitis occurs during labor, operative interference should be carried out very soon after delivery. An abdominal operation should also be performed when the disease develops in the puerperium.

The method of incision generally favored is McBurney's. The technic is that ordinarily employed in non-pregnant cases.—*Surgery, Gynecology and Obstetrics.*



A FREAK CASE OF APPENDICITIS.*

By LOUIS L. NICHOLS, M. D.

My patient is a newspaper man about 30 years of age, He inherited a nervous temperament, but has been in fair health with the exception of an attack of typhoid fever some six years ago. He recovered from this without complications. There was no history of indigestion or colicky pains preceding his acute attack of appendicitis, which came on gradually Sunday morning, Oct. 25, 1904. I saw him first about 7 o'clock the same evening. He had been vomiting all day and his pain was spasmodic in character and distributed over the whole abdomen. There was no distention and no especial point of tenderness. There had been three or four attempts to go to stool, but with little result. There was no irritation of the bladder. The pulse was 100 and the temperature 99° .

With these symptoms I was apprehensive of appendicitis, and warned the family as to what to expect. The patient was ordered 1-10 gr. doses of calomel half hourly, to be followed in the morning by magnesia sulphate.

When I saw him on the following morning there was slight local tenderness in the right iliac region, with some distention and rigidity of the right rectus muscle. Vomiting had ceased, but the bowels had not moved. The temperature was $99\frac{1}{2}^{\circ}$ and the pulse 106, and of good character. An ice bag was ordered applied over the tender point and magnesia sulphate continued till free catharsis was established. My patient had passed a restless night with but little sleep, and he had a worried expression. A consultation was advised and held that afternoon with Dr. Walter Wood. During the interval which elapsed between my morning visit and the hour of the consultation, the patient's bowels had been freely evacuated and he appeared much better in many ways. The pain had practically subsided; there was very little tenderness or rigidity, the most tender point being well over against the crest of the ilium; there had been no re-

*Read before Leng Island Med. Soc., June 16, 1905.

turn of the vomiting during the day and the distention was gone; my patient had lost his worried expression, was hungry and wanted to sit up. In fact the improvement was so marked that I began to doubt the accuracy of my diagnosis. Dr. Wood confirmed the diagnosis, however, but it was believed at this time that we were dealing with one of those catarrhal cases of appendicitis which so often show improvement after the free use of salines, and that the case would gradually go on to recovery without surgical intervention.

How remote from the actual facts in the case our conclusions were, became evident from subsequent events. To be sure my patient, from this hour, went on to complete recovery but in a way quite different from what we anticipated. The more severe symptoms gradually abated, the temperature and pulse slowly returned to normal, but in the mean time a mass in the right iliac region became clearly defined. There was slight tenderness to pressure over this mass, and indisposition to move about in bed because of the board-like feeling over the region and pain caused by such motion. The patient's tongue did not clear nor the appetite improve as they should do with a case getting well. While I was speculating over the final outcome in a case presenting these unfavorable symptoms, and trying to decide upon the safest course to pursue, Nature solved the problem for me in a most novel and unexpected manner. One week from the beginning of the attack my patient passed a very restless night, complaining of discomfort and tenesmus in the bowels. In the morning there were several loose stools and in one of them something which attracted the nurse's attention. On examining it I found what appeared to be a very much attenuated appendix about $2\frac{1}{2}$ inches long, with a perforation at the distal end. I submitted the specimen to Dr. Wood and he was skeptical about its true character. I then sent it to Dr. Archibald Murray for examination and his report follows.

After his auto-operation my patient's recovery was rapid and without complication. The mass in the right iliac region gradually disappeared, and three weeks from the onset of this attack he was perfectly well, and has remained so to this day. Had not a very watchful nurse rescued this appendix from the bed pan we should still labor under delusion that my patient's anatomy remains intact as it was originally created and that he simply suffered from an attack of catarrhal appendicitis.

This case was rare, but there have been other similar cases recorded. How many unrecorded cases there may have been where a sloughing and unrecognized appendix has passed from the bowel into the sewer we shall never know.

My object in presenting a freak case of this sort was not because of any particular interest attaching to its novelty, but to draw out discussion on the following points:

1. Should we have operated upon my own case at the time of the consultation or subsequently; and can we formulate any safe rule to guide us in the management of similar cases?

2. Should every case of appendicitis be treated surgically and operated upon as soon as a diagnosis can be made, other conditions being favorable?

3. Or should we adopt the expectant plan and treat each case according to the symptoms as they arise?

By which plan can we effect the greatest number of cures?

Brooklyn, Oct. 9, 1904.

Dr. L. L. Nichols, Brooklyn, N. Y.

My Dear Doctor:—I have made sections from the tissue sent me, but it is absolutely necrotic and refuses to stain. Still, outlines of what were probably once glands, lymphoid elements and a muscular and fibrous coat can be made out, and I should not hesitate to call the specimen an appendix. I have put it aside for you.

Very truly,

ARCHIBALD MURRAY.

386 Stuyvesant Avenue, Brooklyn.

In his recent work on the "Vermiform Appendix" Dr. Howard Kelly has collected the history of four similar cases.—*Brooklyn Medical Journal*.

Correspondence.

AN INTERESTING P. E. ISLAND PLANT OR SHRUB.

TO THE EDITOR OF THE NEWS:

SIR,—A small shrub growing in Dunstaffnage and Brookfield, P. E. Island, is somewhat famous for medicinal virtues contained in the berries. I sent a few twigs of this plant to Prof. Fletcher, of the Experimental Farm at Ottawa, who says that the plant is doubtless "Daphne Mezereum," and sends me the following description from "Barton & Castles British Flora Medica, 1877."

DAPHNE MEZEREUM.

Every part of the plant is powerfully acrid and caustic. Two or three flowers, chewed, have merely an herbaceous flavour at first, but in a short time, the tip of the tongue is affected with an acrid burning taste, combined with a degree of numbness like that produced by aconite; this sensation soon extends to the throat and fauces, and continues for several hours, although not a particle of the substance be swallowed. Drs. Munro and Russel were the first to introduce the Mezereon bark into practice as a stimulant diaphoretic, useful in venereal nodes from thickening of the periosteum. Other writers have also recommended it in similar diseases, and a decoction has been frequently administered in rheumatic, scrofulous, and cutaneous affections.

Dr. Withering records having used the root successfully in a case of difficulty of swallowing occasioned by paralysis. After chewing a thin slice as often as could be borne, the patient in about a month recovered the power of swallowing, although the case was of three years standing.

An ointment made of berries is employed in the north of Europe against foul ulcers, chancres, and cancer. On the continent the bark is employed as a vesicant. As a topic it is also applied to the head, to relieve deafness, headache, toothache and some affections of the eyes; and has been recommended in coxalgia, chronic rheumatism, and various skin diseases. "In English medicine it is never now

given, except as an ingredient of the compound decoction of sarsaparilla. An ethereal extract of the bark has been introduced (1867) as an ingredient of a powerful stimulating liniment."—*Pharmacographia*, p. 487.

Linnaeus compares the poisonous nature of the berries to that of *nux vomica*. He asserts that six of them will kill a wolf; and that he once saw a girl die of excessive vomiting and hemoptysis, in consequence of taking twelve of them to check an ague. The berries are reported to constitute the favorite food of various birds. This may be accounted for on the supposition that they eat only the pulpy part of the fruit, which is destitute of acidity and apparently innocuous.

A crystallizable principle called *daphnia* has been found in the Mezereon.

Parties using it in this province report that they have been cured of very troublesome hemorrhoids by their use. A lady reports having taken three of the berries for a dose with remarkable relief and arrest of the hemorrhage. The report above describing them shows that they are not without danger and that great caution should be exercised in the use thereof. The plant, was brought to this island 60 years ago from Scotland by Mr. Cairns father, of Dunstaffnage. Its flowers precede the leaf. I send you this report as further tests may prove its usefulness in similar cases.

Yours, &c.,

R. MACNEIL, M. D.

Charlottetown, P. E. I., 13th June, 1905.

THE MARITIME MEDICAL NEWS.

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Editorial.

NUTRITION AND NERVOUS DISORDER.

The impetus which was given to the study of nutritional problems, in their relation to morbid conditions, by the publication of Bouchard's work on antointoxication, has brought out a vast amount of information upon an all-important subject, the full value of which will not be realized for many years. The numerous workers who have followed in the train of Bouchard, or who have undertaken lines of investigation which have been directly or indirectly suggested by the results which he reached, have not only contributed largely to our general knowledge, but have opened up many fruitful fields for research. Much of this knowledge has already been turned to practical account. Much is not yet sufficiently definite to be clinically useful, but it nevertheless helps to brighten the outlook for the future.

One result of the investigations so far conducted, is to persuade us that several of the so-called functional nervous diseases, and many of the mental disorders which do not depend upon developmental defect, are essentially the consequence of imperfect nutrition of nervous tissue. So broad a conception of the conditions underlying these disorders presupposes the conclusion that every stage of the functions of digestion, absorption, assimilation and distribution of pabulum, as well as of excretion of effete matters, must be studied and thoroughly understood before we can arrive at a satisfactory basis for treatment.

A recent paper by Dr. Robert Coleman Kemp refers to some studies he has made in the wards of the Manhattan State Hospital,

especially upon epileptics and paretics. He found that in a large majority of these cases there was dilatation of the stomach with or without gastropnoxis, and that the chemistry of the stomach was faulty in nearly every instance. The correction of hyperchlorhydria or of hypochlorhydria, the administration of an antifermentative when indicated, and the support of prolapsed stomach when required, proved to be of great utility in treatment. For the treatment of gastropnoxis, Dr. Kemp advocates the application of a simple belt, which may be readily made of adhesive plaster, originally designed by Dr. Achilles Rose. Dr. Kemp's paper bears the stamp of careful preparation, and his conclusions seem to be eminently practical and well worthy of consideration.

MEETING OF CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association to be held in Halifax, August 22nd to 25th, will be an important occurrence for the Province of Nova Scotia. It is nearly twenty-five years since this Association met here; during that comparatively short period of time not only has Canada made tremendous strides as a nation, but this province has taken an important place in the affairs of the Dominion, political, commercial, and industrial. The visiting members will be able to see Nova Scotia in all its beauty and also be able to witness evidence of its industrial activity.

No doubt a large number of the members will take advantage of the railway tickets, to Halifax taking them to Sydney, where they can see in all its details one of the greatest industrial centres in this Dominion. A centre of industry now stands, where stood twenty-five years ago a small village and a dismal swamp.

The beautiful Annapolis and Cornwallis Valleys—the garden of Nova Scotia—will offer attractions not to be surpassed in all Canada.

The Medical Society of Nova Scotia will be their hosts in all entertaining, and without a question of doubt they will do it well. Circumstances will particularly favour them; Halifax will be in the height of its summer season; the magnificent cruiser and squadron under H. S. H. Prince Louis of Battenburg will be in the harbour,—the largest and most powerful fleet that Great Britain has ever sent to these waters. The ocean yacht race, under the auspices of the

Royal Nova Scotia Yacht Squadron and the Eastern Yacht Club of Boston will finish at Halifax on the Thursday, and prove a strong attraction to many of the visitors who are yachtsmen. But while considerable time will be given to entertainment the scientific programme promises to be of a very high order—One feature, very noticeable, is the number of papers to be presented and read by general practitioners; the aim of the committee being to secure papers that will be of the greatest interest to the greatest number; also the committee are determined that time for each paper will be short and no doubt this rule will be carefully enforced.

The building of the School for the Blind will be very suitable, offering one large hall and many rooms suitable for exhibits, offices, post-office, telegraph office, cloak room and smoking rooms. A formal opening will be held on the Tuesday afternoon, when addresses of welcome will be given by His Honor the Lieutenant-Governor, the Hon. Provincial Secretary, His Worship the Mayor and others.

It will be the endeavour of the committee to make this meeting an event of national importance, and it hopes that the visit of over five-hundred educated professional men to this city and province will be an occasion when all the medical profession of Nova Scotia will demonstrate their loyalty and devotion to their province and their Dominion as well as to their profession.

Members who will attend the meeting, are requested to communicate as soon as possible with C. Dickie Murray, M. B., chairman of the information and lodgings bureau, 66 Queen St., Halifax, with a view to securing hotel accommodation in advance. The hotel rates vary from \$1.50 to \$3.00 per day.

MEDICAL SOCIETY OF NOVA SCOTIA.

On another page will be found an account of the annual meeting of the Medical Society of Nova Scotia, held at Lunenburg on the evening of the 5th inst. Though small in numbers, the gathering was enthusiastic in its deliberations, as may be surmised from a perusal of the report referred to. The matter of life insurance exercised keen interest, and the question on both sides was argued in a fair and gentlemanly spirit. The resolution passed by the Society

cannot at present affect the fees already offered by Canadian insurance companies, but by interesting the profession throughout the Dominion, it is believed that the five dollar fee will soon be settled as a fair figure for a thorough examination.

The New Brunswick Medical Society has, we believe, likewise taken action on this matter, particulars of which will be published in next issue.

Due praise must be extended to the legislative committee for their labors on behalf of the profession in this province. The appreciation of the Society was manifested in the vote of thanks extended to them, and the unanimous re-election of each member of the committee to again safeguard matters pertaining to the welfare of the public.

The Provincial Health Officer, Dr. A. P. Reid, referred to reasons why the "Health Act" is not properly enforced, and we can only keep urging the Government to give the medical officer a freer hand in regulating sanitation of schools and likewise arranging for the instruction of teachers in the important subject of hygiene. Dr. Reid has given these questions a great amount of time and the least we can offer him is a helping hand.



Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.

The annual meeting of the Medical Society of Nova Scotia was held at Lunenburg on Wednesday, July 5th, 1905.

As had been announced, it was purely a business meeting, a prolonged meeting being thought inadvisable on account of the approaching meeting of the Canadian Medical Association at Halifax. About twenty-five members were present.

The president took the chair at nine o'clock. The secretary, on request, read the minutes of the last annual meeting, and also of the special meeting on December 15th, 1904, when it was decided that the society should be the hosts of the Canadian Medical Association in August. The minutes being declared approved, a nominating committee was appointed, whose report was as follows :

President—H. A. March, Bridgewater.

1st Vice-President—G. W. T. Farish, Yarmouth.

2nd Vice-President—J. A. Sponagle, Middleton.

Secretary-Treasurer—W. Huntley Macdonald, Antigonish.

Committees :—Surgery—J. W. Mackay, McQueen, J. Stewart, J. Roy.

Medicine—D. A. Campbell, H. H. Mackay, James Sutherland, F. S. L. Ford, S. W. Williamson.

Obstetrics—C. P. Bissett, D. Stewart, M. A. Curry, H. V. Kent, N. F. Cunningham.

Therapeutics—A. Birt, F. W. Goodwin, McDougall, A. M. Hebb.

Sanitation—H. P. Clay, L. M. Murray, A. P. Reid, W. B. Moore, W. R. Morse.

Next meeting to be held at Lunenburg, July 4th, 1906.

This report was received and adopted on motion of Dr. Burrill.

The following members of the society were appointed members of the Provincial Medical Board, after election by ballot: Drs. Tobin, H. K. Macdonald, D. A. Campbell, M. E. Armstrong, John Stewart and Cowie.

Reports of committees were received.

Legislation committee, read by Dr. Cowie :—

REPORT,

To the President and Members of the Medical Society of Nova Scotia :—

Your committee whom you instructed "to obtain legislative action with regard to sanitation, vital statistics, fees in Courts of Law," etc., beg to report as follows :—

Your committee have taken no further action to obtain legislation in the matters of sanitation, or vital statistics, since reporting the passage by the Government last year of an amended Public Health Act and the appointment of a Provincial Health Officer.

Your committee in reviewing the first report of the Provincial Health Officer note that he finds his office clothed with "very general but rather indefinite powers" and, as far as can be judged by his report, your committee do not see that the creation of the new office is marked by any advance in sanitation, or prevention of disease.

In the matter of vital statistics, the Government last year refused to consider the question on account of expense probably involved, but the Provincial Health Officer recommends in his report that persistent agitation in this matter should be continued. This might take the form of a petition to the Government from the whole medical profession in the province, or the introduction of a Bill by this committee on the authorization of this society.

Your committee find pleasure in reporting that the House, at the last session of the Legislature, passed a Bill fixing a fee for a post-mortem examination at five dollars, if the order for such is made by a majority of the jury.

Your committee also beg to report that the Bill allowing fees for expert medical testimony was re-introduced at the last session by Mr. Patterson, M. P. P., at the request of your committee. This Bill was referred to the Committee on Law Amendments and Mr. Mellish was retained by your committee to advocate the same. Members of your committee and other medical men also supported the Bill, with the result that it was reported on favourably and it passed its third reading by 24 to 5, and was sent up to the Legislative Council for concurrence. Your committee appeared before a committee of the Legislative Council on the Bill, who apparently were in favor of its passage with some unimportant changes. But, on its return to the House of Assembly, everyone was surprised to find, as the Attorney General remarked, that "the amendments made by the Legislative Council completely changed the character of the Bill, including the title, substituting as the title of the amended bill the words 'An Act to amend Chapter 196, R. S., of fees payable by municipalities for the Administration of Justice,' and made the fee of \$5.00 per day a charge upon the municipalities for criminal prosecutions." As a re-

sult of this change the Bill was rejected by the Lower House with consent of Dr. Bissett, who seconded the motion.

We would strongly advise that your committee be empowered to re-introduce the Bill at the next session of the Legislature.

All of which is respectfully submitted.

A. J. COWIE, *Chairman.*

M. A. B. SMITH, *Secretary-Treasurer.*

Halifax, N. S., July 3rd, 1905.

Dr. A. P. Reid, Provincial Health Officer, explained that the reason why the "Health Act" is not working well is lack of education of the people along the lines of the Act. He referred especially to the bad sanitation of school houses, and would recommend monthly medical inspection of schools, and instruction of prospective teachers, at the Normal School, in practical methods of avoiding disease.

It transpired in discussion that, as matters now stand, the Provincial Health Officer has not power to enter a school house for purposes of inspection. The fault lies in the fact that the Act has never been published in the *Royal Gazette*.

The report of the Legislative Committee was adopted, on motion, and a vote of thanks tendered the members by the Society. This committee was re-elected, *en bloc*.

Dr. M. A. B. Smith submitted an account against the Legislative Committee for printing, legal fees, etc. It was ordered to be paid, on certification by the President.

COMMITTEE ON LIFE INSURANCE.

The Secretary read a letter from the Luhenburg-Queens Society, re-affirming its former position with regard to fees for insurance examinations.

Dr. H. P. Clay being absent, the Secretary gave a synopsis of his report, which had been read at the special meeting in December, 1904, no action then being taken by the Society.

It appeared that there had been a verbal compromise offer of a uniform four dollar fee for life insurance examinations, made to Dr. Clay by the Life Officers' Association of Canada. This Association had representatives present to urge their views, but it was decided to complete all other business before hearing those gentlemen.

Dr. Stewart brought up the matter of financial responsibility of the Society in the entertainment of the Canadian Medical Association, at Halifax, August 22nd to 25th, which had been assumed at the special meeting on December 15th, 1904.

It was pointed out that the counties of Pictou, Colchester, Cumberland, and Lunenburg-Queens had already made provision for collecting funds.

It was decided that circular letters should be sent to the profession of the Province, asking for contributions of \$5 or more for the above purpose, all details of collection, etc., being left to the Committee of Arrangements.

Dr. March spoke of the necessity which exists for a new constitution and by-laws for the Society. There is a committee at present appointed for this purpose.

It was now decided to hear the Life Insurance representatives who were present.

Mr. Hilliard, president of the Life Officers' Association, representing nearly all the British and Canadian companies doing business in Canada, addressed the meeting. He stated that some misunderstanding had arisen from lack of knowledge of the status of the medical men who went to Toronto to meet the Life Officers' Association, and that consequently little progress in settling the question had been made. His chief argument was that the insurance companies could not afford to increase the fee to five dollars all over Canada, which would have to be done if it were done in Nova Scotia.

Mr. Hilliard expressed his respect for and confidence in the medical profession, and thought that they would give both sides fair consideration before deciding this matter.

He read, by request, a circular issued by the Canadian Life Insurance Officers' Association, expressing the views of the insurance men with regard to fees in Nova Scotia.

Mr. Junkin, vice-president of the Life Officers' Association, followed. His remarks were along the same lines as those of the previous speaker. He said that there were no complaints from Ontario or the West concerning the present scale of fees. He considered the fee liberal, inasmuch as there were no bad debts in this class of business. He pointed out that the insurance companies for which he spoke were making only moderate profits, and that in seeking to keep down ex-

penses, he was merely conserving the interest of the policy holders. He asked that the matter be settled at once.

Dr. A. P. Reid considered that for the precise opinion required by the insurance companies, a five-dollar fee was proper. He said that in forty years' experience he had never made an insurance examination for less than five dollars, and that he would never do so in the future. He held that the amount of the policy should make no difference in the medical fee.

Dr. F. S. L. Ford pointed out that in British Columbia the regular fee is five dollars, and that therefore, by their own argument, the companies should pay the same amount to all physicians in Canada. He thought that there should be further remuneration when the applicant is examined at some distance from the doctor's office, as often happens in country practice.

Dr. Trenaman said that we should get a five-dollar fee, if possible, but that we should not overlook the fact that life insurance business is cash business, and he was therefore in favour of accepting the four-dollar compromise offer.

Dr. Burrill said that no new arguments had been brought up by the insurance men, and that in Queens-Lunenburg they regarded an insurance application as on a par with a consultation, and that therefore a five-dollar fee was called for. He thought that the premiums of the Canadian companies affected could stand a five-dollar medical fee as well as the equal or somewhat less premiums of several American companies, who regularly paid that sum. He considered that the dignity of the profession had been lowered, and their business commercialized, by this foisting upon them by the insurance companies of lowered fees without consulting them.

A resolution was here introduced :—"That, in the opinion of the Medical Society of Nova Scotia, the minimum fee for life insurance examinations throughout Canada should be five dollars; and that the Secretary be instructed to forward a copy of this resolution to the Secretary of the Canadian Medical Association."

Dr. W. Huntley Macdonald, speaking to the motion, said that as the companies had met us half way in this matter in making the compromise offer of four dollars, and as in any event there would be difficulty in controlling the five hundred or more practitioners of the Province, he had doubts of the advisability of refusing to accept the compromise.

Dr. Cowie thought that as a small meeting of the Society, summoned for formal business only, we were hardly justified in passing anything binding upon the profession at large.

Dr. Trenaman recommended leaving the matter as it stood until next year, when there would likely be a full meeting. He moved an amendment to this effect, which was not seconded.

After others had spoken, the motion was voted on and passed.

The meeting adjourned.

Personals.

Dr. Lindsay, has been confined to the house for some weeks with a "septic" finger.

The NEWS extends its congratulations to Dr. G. W. Whitman of Upper Musquodoboit, on his marriage to Miss Frances Holesworth, of Shubenacadie.

Book Reviews.

Surgery, Gynecology and Obstetrics.—Volume I., Number I. published by the Surgical Publishing Co., Chicago. Subscription \$5 per annum in advance

The following paragraphs are taken from its editorial pages to mark the high aims of the editors of this new exchange :

"The editorial staff of SURGERY, GYNECOLOGY AND OBSTETRICS feels deeply there is a future for this kind of publication, and not one of its members will be satisfied if the journal does not take immediately a prominent place in the world of medical journalism and ultimately a leading position. They each realize that there is no call for another ordinary surgical journal, and that if they do not succeed in making this a journal far beyond the ordinary, there is no reason for its existence.

With this small light on our motives, we herewith present our initial number, and hope that we may deserve the support of all readers interested in surgery, gynecology, or obstetrics."

On its editorial staff we see such well-known authorities as Drs. Nicholas Senn, John B. Murphy, J. Clarence Webster and E. C. Dudley, and among its collaborators, Drs. Wm. T. Bull and Carl Beck of New York, Maurice H. Richardson of Boston, John B. Deaver of Philadelphia and Howard A. Kelly of Baltimore which ought to be sufficient guarantee for a successful undertaking.

Over one hundred pages are devoted to reading matter and the articles will be found interesting, practical, and to the point, while the department devoted to Abstracts of Current Literature and Transaction of Societies enhance its sphere of usefulness.

The print is excellent, the illustrations of a high order, and we bespeak marked success to this high class journal.

The Delineator—Published by the Butterick Publishing Co., Ltd. New York.—In the August *Delineator* Dr. Grace Peckham Murray has some remarks of value to mothers or others who have to solve the serious problem of feeding the child. "Infant or child feeding," says Dr. Murray, "is a question that has been studied with the utmost care by the medical profession, especially in the phase relating to artificial feeding. It is the duty of every mother who possibly can do so to nurse her child. The best food for children who are unable to have the breast is cow's milk, Cow's milk differs from human milk in that it contains less sugar—a little more than half as much—it has three times as much proteids (curds) and salts and less fat, and it is more acid. It has been found that by changing the milk of the cow it can be made very nearly in character that of human milk. In large cities this 'modified milk,' as it is called, is prepared ready for the child at laboratories, but this can be done at home also. The milk of a single cow used to be considered best for children, but it has been discovered that mixed milk is more uniform in composition. A child should take about fifteen to twenty minutes for nursing. He should not take the milk too fast, nor should he be permitted to go to sleep until he has satisfied his hunger.

NEW BOOKS FOR THE COGSWELL LIBRARY.

The following new books have been added to the Cogswell Library :—

Physiological Economy in Nutrition, by Chittenden ; The work of the Digestive Glands, by Pawlow ; Diseases of the Blood, by Coles ; Immune Sera, by Wasserman ; Medical Jurisprudence, by Taylor ; Treatise on Applied Anatomy, by Edward H. Taylor ; Clinical Lectures, Abiotrophy and other Lectures, by Gowers ; Gall Stone Disease, by Kehoe ; Manual of Bacteriology, by Hewlett ; An Epitome of the History of Medicine, by Park ; Studies in Typhoid Fever, I., II., III., Johns Hopkins Hospital Reports ; Diseases of the Liver, Gall Bladder and Bile Ducts, by Rolleston ; Boas' History of Medicine, by Handerson ; Suggestive Therapeutics, by Bernheim ; Diseases of the Rectum and Anus, by Gaut ; Text Book of Hygiene, by Rohe ; Organic Nervous Diseases, by Starr ; Diseases of the Nose, Throat and Ear, by Bishop ; Practical Urinalysis and Urinary Diagnosis, by Purdy ; Principles of Surgery, Senn ; Manual of Bacteriology, by Muir & Ritchie. Diseases of the Lungs, by Fowler & Godbe ; Diseases of the Anus, Rectum and Pelvic Colon, by Tuttle ; Practical Obstetrics, by Grandin & Jarmen ; Diseases of the Heart and Arterial System, by Babcock ; Diseases of the Intestines, by Boas ; Text Book of Practical Obstetrics, by Gillian.

These books may be obtained for a period of two weeks by any Registered Medical Practitioner in Nova Scotia.

Application for books may be made to the Librarian. The applicant is expected to pay all express charges.

L. M. MURRAY, M. D.,
Librarian.

Therapeutic Notes.

ENTERO-COLITIS AND CHOLERA INFANTUM.—Antiphlogistine produces results in cholera infantum that can not be obtained in any other way. Pain is reduced restlessness is soothed and the tossing, moaning patient falls into a quiet restful sleep. And why not? A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom-complex.

Apply hot to the abdomen about $\frac{1}{8}$ inch thick and cover with absorbent cotton.

WORDS OF APPRECIATION—The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, The Antikamnia Chemical Company, and reads:

"Gentlemen—Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish."—MARION T. DAVIS, M. D.,

(Univ. of Maryland School of Medicine.)

Atlanta., Ga., April 15, 1905.

SANMETTO IN PRE-SENILITY.—I had two cases which I thought required such a medicament as Sanmetto. I prescribed two bottles of Sanmetto and gave prescriptions for more when that quantity was used up. One case was that of a man forty-two years of age, father of seven children—impotency and neurasthenia; within three days after taking Sanmetto he began to feel the beneficial results and finally regarded himself as cured. I advised him to consult me again if he should be bothered with sexual disturbance. He is a grocer, has long hours (sixteen a day) with business and family cares.

The other case was that of a young man twenty-eight years of age, premature decay, loss of vitality, atrophied sexual organs—prescribed Sanmetto, and the changes brought about since its use are something marvelous, according to the patient. He will continue under advisement.

This testimonial regarding the value of Sanmetto is given unsolicited.

Chicago, Ills.

R. L. LARSEN, M. D.

A SUCCESSFUL TREATMENT OF LEG ULCERS.—To ascertain the cause in the treatment of leg ulcers is of the greatest importance. A tuberculous, diabetic or syphilitic ulcer will require much closer study as to the constitutional condition or the local treatment. Anything interfering with the venous flow, such as constipation, must be immediately corrected, and the patient's general nutrition looked out for. The leg should be rendered surgically clean by the generous use of sinol soap, followed by irrigation of Thiersch solution. No matter what the cause of the ulcer be, it is wise where possible, to confine the patient to bed with the foot elevated during the course of treatment; the limb should be firmly bandaged, extending from the toes to a point several inches above the ulcer. If possible excision of the veins of varicose ulcer should be performed. Ulcers covered with unhealthy granulating surface or sloughing edges, should be curetted, after which thoroughly irrigated with Thiersch solution and dressed every twenty-four or forty eight hours with a hot Thiersch pack. When the surface presents healthy granulations, applications of Bovine pure should be made, changing them three times in twenty-four hours. The most careful toilet of the limb should be made at each dressing. As a rule, the basis of all chronic ulcers is made up of an unhealthy, granulating mass, and consequently, it is impossible to bring about a cure until this has been removed. It will be readily appreciated that an ulcer thus covered cannot absorb, and consequently the great nutritive properties contained in Bovine cannot be effective. This mode of treatment may be applied successfully to any form of ulcer no matter what its cause may be.—DR. J. RYLE, STANFORD, CONN.

“What is genuine shall posterity inherit.”—(*Goethe.*)

Notwithstanding that a host of imitators have sprung up to reap the benefit of the reputation created by Hayden's Viburnum Compound as a remedy par-excellent in the treatment of diseases of women, this valuable product has steadily increased in popularity and has met every requirement of the most exacting clinician. In Obstetrical practice H. V. C. has a wide range of usefulness. On the nervous system it has a sedative effect. In delayed labor, owing to a Rigid Os it is particularly efficient and preferable to chloral as it is not a narcotic, and in post-partum work it enjoys all of the advantages of ergot without the dangerous actions of the latter drug.

PRACTICE FOR SALE

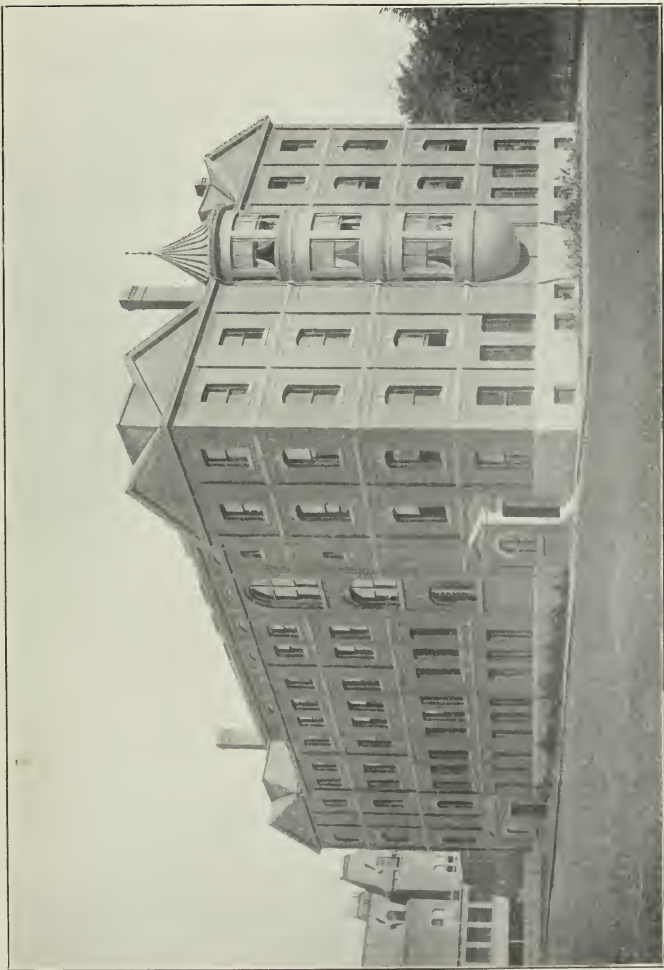
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII.

HALIFAX, N. S., AUGUST, 1905

No. 8.

Original Communications.

PRESIDENTIAL ADDRESS.*

By A. R. MYERS, M. D. Moncton, N. B.

Ladies and Gentlemen :

My first duty and pleasure is to express my appreciation of the honor done me by electing me President of the New Brunswick Medical Society.

Since our last annual meeting, the profession of this Province has been grieved by the death of two of its members. Of these, one was called away early in life, leaving bright prospects; the other had labored well into the evening of life.

We are pleased to have among us, delegates from other medical societies, and, on behalf of this society, I extend to each and every one, a cordial welcome; and wish to express our grateful appreciation of their presence.

Nearly a quarter of a century has passed since the founding of this New Brunswick Medical Society, with the aim and object of the advancement of medical science, the maintenance of the honor and respectability of the profession, and the establishment of harmony and good feeling among the members of the profession: yet to-day we can greet its first President, Dr. Bayard, and some of the members who sat with him at its first meeting.

*Delivered before the N. B. Medical Society, St. John, July, 1905.

It has been the custom since the organization of the society, for the President to give an address on a subject connected with the practice of our profession, and I ask your indulgence for a short time, while I endeavor to bring together some facts in connection with the evolution of modern surgery.

To understand the position of surgery at the present time, it is necessary to cast a glance backward. The beginning of the nineteenth century had, without doubt, great anatomists and surgeons, but there was then no systematized medical education. In 1880, a man could practise as a doctor without having passed an examination of any kind. Lord Thurlow, in speaking against the surgeons' bill in the House of Lords, England, declared with some basis of truth:—"The surgeons of this country are not respectable men. Their pretensions are unjust and illegal, because they are not a scientific body." The examination for the diploma of the Royal College of surgeons, England, was *viva voce* only. There was no examination of patients. The candidates were required to produce evidence of apprenticeship, of attendance upon anatomical and surgical lectures, of having performed dissections, and of having attended the practice of a recognized hospital for six months. The hospitals which he thus attended for a period of six months, were in a state of rude squalor, as regards administration, sanitary arrangement and nursing, and well deserved the abuse which was heaped upon them.

During the nineteenth century surgery passed through a metamorphosis, and has now reached, at least, the level of the unexpected, and methods in use previous to this time are now regarded as uncouth. The success of the old-time operator depended largely upon his daring. He operated on a conscious victim. His knife was thrust through acutely feeling tissues, in spite of moans for mercy from gagged lips; and, undeterred by struggles and bursts of hæmorrhage, the blade passed without faltering or sign of hesitancy.

The dashing qualities of the pre-anæsthetic days have passed, and success is no longer to be measured by the time occupied in amputating a limb, but by the state of the patient several days after the operation. The operating theatre of the present day has lost its horrors, and has changed from a shamle to a chamber of sleep.

What revolutionized and brought surgery to its now almost perfect state, are: (1), an improved knowledge of anatomy and pathology; (2), improved methods of arresting hæmorrhage; (3), the discovery

of anæsthetics; (4), the introduction of antiseptic and aseptic measures.

Prominent among the many surgeons in the English-speaking world who were competent anatomists, were Astley Cooper and William Lawrence. Still, in the education of the average surgeon, the study of anatomy did not play an important part, so far as dissection of the human body was concerned. Anatomical schools were regarded with disfavor, and were surrounded by ghoulish romances, in which rifled graves and unseemly dealings with hangmen played a pungent part. The science of anatomy was well advanced, but the knowledge acquired by the common student was scant and superficial, and had little practical basis; and there was no method of teaching which can in any way be compared with those in vogue at the present day.

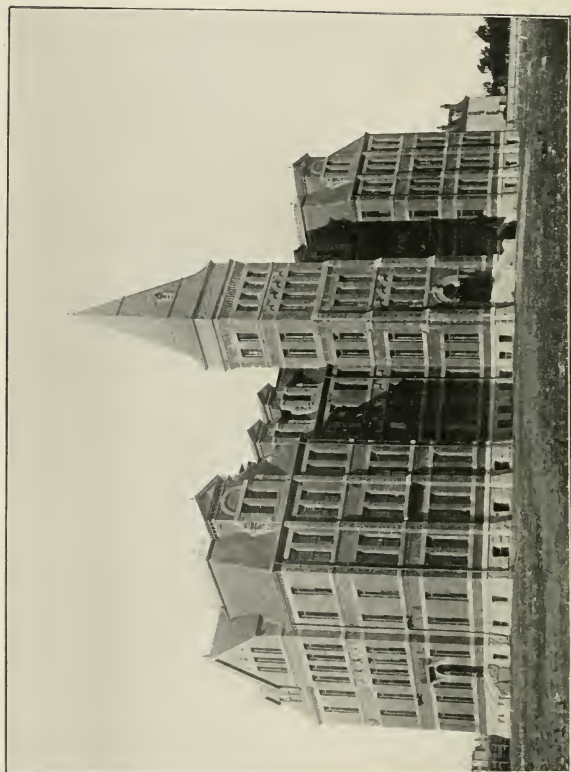
(2.) *Improved methods of arresting hæmorrhage.* The means of arresting hæmorrhage were the ligature, the suture, styptics of many kinds, the tourniquet, forceps and the cautery. The type of forceps used at that time could not be applied readily, and were ineffectual. When we consider that operations were performed without anæsthetics, we can understand that there must have been reason for alarm from hæmorrhage, with a conscious victim, struggling and showing signs of exhaustion. The means of staying the streams of blood were very imperfect and slow of application. At the present day, the surgeon has little dread of hæmorrhage. He is operating on a patient under an anæsthetic, and haste is not imperative. He makes larger use of precautionary ligature of the main vessels supplying the part, as, for example, the ligaturing of the lingual arteries before removing the tongue. The treatment of hæmorrhage has been very much simplified by the introduction of the pressure forceps by Spencer Wells. This little instrument is the most valuable surgical appliance ever invented and has done much to extend the area of safe operation.

(3.) *The discovery of anæsthetics.* A very remarkable event in the chain of progress, was the discovery of anæsthetics in 1846. "In three months from this date," says Bigelow, "ether anæsthesia had spread over all the civilized world. No single announcement ever created so great and general excitement in so short a time. Surgeons, sufferers, scientific men,—everybody united in simultaneous demonstration of heartfelt mutual congratulation." The discovery of anæsthesia has proved an inestimable boon to suffering humanity, not only by annihilating or mitigating pain during operations, but

also by enabling surgeons to undertake operations otherwise utterly impracticable or impossible. Surely the discovery of anæsthetics was one of the most priceless gifts that have ever been conferred on the human race, particularly as it was made before the dawn of the new surgery; for without it, surgery, in its recent development, would, obviously, have remained an impossibility. It has not only developed surgery, but has engendered surgeons. It has opened up the craft to the many, for, in the pre-anæsthetic days, the qualities required for success in operating, were qualities to be expected in the few. Before this time, the surgeon was met at every turn by sepsis. The hospital wards were filled, indiscriminately, with all sorts of cases:—simple and compound fractures, suppurating joints, traumatic, senile and hospital gangrene, erysipelas, pyæmia septicæmia, and cases operated on for accidents and disease, all of which were dressed by the same attendants. Stout silk ligatures employed to tie blood-vessels were left dangling out of the wound, to be removed by the process of suppuration. Linseed and charcoal poultices were frequently employed to cleanse wounds and to encourage healthy suppuration. “Laudable pus” was considered a sign of good dressing and healthy action.

We can say without exaggeration, that the changes which have taken place in surgery in recent years are as great as those which revolutionized so many other departments of human energy. Views which were but lately universally held, have, by scientific discoveries, been for all time swept away. These results have been mainly due to the work of Pasteur and Lister. The new starting point was the discovery by Pasteur that many diseases in the vegetable and animal kingdom are due to bacteria. Lister, aided now by Pasteur’s researches, began to experiment with substances to destroy these bacteria, and, at the annual meeting of the British Medical Association in Dublin, 1867, he communicated to the world, the result of his investigation, and clearly annunciated the principles of antiseptic surgery, which we, to-day, recognize and practise, though the methods of application have been somewhat remodelled and improved.

Since the introduction of antiseptics, operations have multiplied a hundred fold, and, in major operations, the mortality has been reduced from about 33% to .03%. Greater latitude has been given to surgical interference of the different cavities of the body—intra-



Dalhousie College.

cranial, intra-thoracic and intra-abdominal. The most brilliant advances have been made in abdominal surgery. In the early sixties, before the introduction of antiseptic measures, the abdomen was almost a closed book to the surgeon; but at the present day every organ of this cavity is operated on with safety.

The dread of injury or incision of the duramater disappeared, and cranial surgery has advanced, as the motor areas of the brain have been located with greater precision.

Conservative surgery, as we understand it, was not practised, and plastic methods of operation had no place in treatment.

In recent years the main advance in surgery has been from the scientific side, due to increased precision in physiological knowledge, and careful research as to the organisms of the various diseased conditions. Conservatism is, to-day, the general attitude of all true surgery, and no conscientious surgeon removes a limb or any organ that can be restored to its usefulness by careful conservative treatment. In diseases of the ovaries, tubes and uterus, conservative surgery won its first important triumph, probably because in no other branch were the evils of radical surgery so terribly in evidence.

"Operate only when you are certain; remove the disease, not the organ," is the dictum we must expect in surgery of the future.

CONSERVATIVE SURGERY.*

By J. G. NUGENT, M. D., Briggs Corner, N. B.

With little time for preparation on a theme hastily chosen, I have, at the request of our worthy Secretary, jotted down a few desultory observations on one of the most practical subjects which often confronts the medical practitioner.

This is especially applicable to the physician whose lot is cast in the near vicinity of the busy mill with its buzzing saws and revolving wheels, ever ready to allure the unwary to destruction of both limb and life.

Before proceeding further I ask the indulgence of the "Knights of the Scalpel" present, for presenting this subject from a surgical standpoint, and beg that they may overlook anything that may savour of presumption or egotism in thus entrenching upon the sacred domain of the specialist.

Indeed, no outlander need envy the city surgeon, or care to assume his great responsibility, with all the anxiety and heart aches, not to mention the sleepless nights spent on behalf of suffering humanity. Of a truth the poet says, "They weep each others woes!" The surgeon is both good and great, just in proportion as he possesses the finer feelings of our nature. In this connexion he is prone to mental distress as he realizes that upon his skill and attention depend the fate of a valuable citizen, perchance it may be a fond father, a doting mother, or a darling child. Little wonder that with so much worry the surgeon's life is short. Like a bright meteor he quickly disappears from the horizon. At the very zenith of a busy life he receives the summons "Friend, come up higher."

In the future of medicine, the success of the surgeon will be measured more and more by *results*. Based as he is upon the bed-rock of common sense and a logical brain, the conservative surgeon will ultimately come to the fore-front, as only *results* which count come to be appreciated. At the present day he does not pocket the big fee which his more aggressive brother of the free lance commands,

* Read before the N. B. Medical Society, July, 1905.

yet in a sense he reaps a higher reward in the inner consciousness of his own breast. The sifting process of natural selection may operate slowly in his favor: but it is none the less effective in this early dawn of the twentieth century when the pendulum is already swinging his way.

The ideal surgeon I would portray as the personification of all the graces—love, kindness, and mercy. He will not from choice resort to drastic measures when healing may be had by touching the hem of his garment.

When the case is a serious one, such as a comminuted fracture with considerable laceration of the soft parts, there will always be room to differ as to the best line of treatment; but if a remote prospect of recovery exists without operation we should let the patient have the benefit of the doubt.

Of course the fat fee and the spread eagle fame which sometimes accrue from performing a capital operation may act as incentives on sensual minds in pursuing a line of treatment derogatory to the unwritten code of our noble profession. Perish the thought that any member of our united circle should ever practise the healing art for aught save what redounds to the comfort and welfare of his clientele. For then once, paltry self is forgotten, and the hope of any earthly reward is an unknown quantity, without weight in the mind of the self-sacrificing physician, who is all too absorbed in performing some difficult or herculean task for a patient, while his own immediate wants are ignored and neglected.

Allow me to supplement these remarks by citing a few cases in practice:—

CASE I.—Harry Wilson, a small lad of 8 years, was hooked in the mouth last spring, by a vicious cow. As the animal gave a sudden toss of its head in the air, it tore a circular piece out of the boy's upper lip, which was kept from falling off, by only a small portion of the vermillion border. A bystander who was present when I arrived to dress the wound, volunteered the advice, that the best way to fix the boy's lip, would be to "snip off the part hanging down." Such a course, not in keeping with the first principles of conservative surgery, was studiously avoided, and the dismembered portion was quickly readjusted to its accustomed place and kept there by a few stitches and a bandage. The wound healed kindly by first intention,

and when I removed the stitches in a week, the lad's countenance was lit up by a radiant smile.

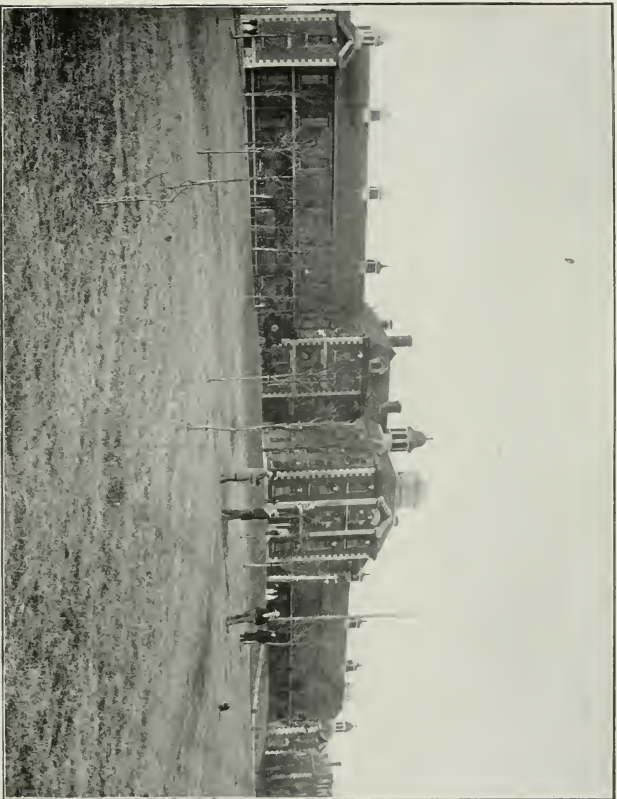
CASE II.—Daniel Wilson, aged 12, while helping a man to lift a barrel of flour on a sloven, had the index finger at second joint almost severed by the sharp chime of the barrel. His injury was attended to by a local physician, who advised amputation of the finger, as the best remedy. In a few days the boy returned to have his finger dressed again, and the physician reiterated his former advice, that the finger must come off, or he would have nothing to do with dressing it, and as the boy would not consent, the medical man in language more forcible than polite, ordered him away with instructions not to come back any more.

The terrified boy, in tears, ran home to his widowed mother across the street, and she immediately ordered him see me, if anything could be done to save the finger which the boy was so loath to part with. When I saw the finger, some six days after the receipt of the injury, it was extremely unsavory to both sight and smell. The dressing around it was glued together by a large accumulation of pus, mingled with bloody serum, which formed an excellent ground for the culture of legions of such bacteria which in recent years have aroused a lively interest among the members of the microscopical society of this city. I plunged the whole hand into a warm water solution of bichloride for a length of time, until I succeeded in freeing it from its offensive encasement, and further subjected the finger to an antiseptic douche from a fountain syringe until the infested place that knew the microbe once, knew it no more forever.

The finger, which was much swollen and distorted, was almost severed at the second phalangeal articulation, and was held together by a small tendinous attachment on one side.

Having straightened the finger around to where it formerly belonged, it was kept in position by means of a splint and adhesive plaster, and being irrigated daily for a week it rapidly healed. To my surprise and the boy's great delight he had a good use of the finger-joint by the time granulation was fully completed, and the digit thus saved by conservative surgery became as serviceable as before the accident.

CASE III.—Arthur Rees, of Newcastle, Queens, aged 14, was engaged in cutting ice from the platform in front of his father's residence in winter. His brother, Hugh, a year younger, armed also with an axe, was helping him; but the two boys soon quit what was



Victoria General Hospital.

too much like work and got to playing. While Hugh, with his axe raised up, was in the act of striking, Arthur put out his foot, bantering him to strike it if he could. He did this once too often, with the result that his young brother's axe went slap through his foot, boot and all, so when he took off his boot and sock, to his dismay, his great toe, instead of being in its accustomed place on his foot, was playing hide and seek in his sock. The toe, being taken from the sock, was passed round the family from hand to hand and for a short space of time it lay on the hearth of the stove. When I arrived to dress the wound, some three or four hours after the accident, two little girls, half sisters of the boys, commenced plying me with questions, and wanted to know if I would not make the toe grow on again. I told them I could make it grow on again, otherwise re-amputate the foot. "Oh! no! no! they replied. Dr., please put the same toe on again." Now as the great toe had been chopped off close to the foot, and the metatarsal bone of the second toe badly nicked, it was quite difficult to form a flap without removing a considerable portion of the metatarsal bone, and knowing that patients who had sustained the loss of the great toe always complained of having lost the spring of the foot, I decided for the present at least not to re-amputate but to engraft if possible the lost toe on its former site. Having cleansed the parts first by means of a bichloride solution, I brought the severed members into coaptation as nearly as possible, and applied a splint to the sole of the foot in order to support the great toe. I did not put any stitches in the wound, but kept the toe in situ by means of a narrow strip of adhesive plaster, and finished the toilet with an antiseptic coating of listerine (50 per cent.) covered by antiseptic gauze and absorbent cotton.

Returning in a few days to dress the foot, I learned that a report was being industriously spread that the toe would certainly mortify and that as a consequence the boy might lose his life. (The boy's parents, however, having implicit confidence in my ability to cope with the matter, took no stock in the flying report and would not scare worth a cent. The foot, at my second visit, presented about the same appearance as when I left it, except that the decapitated toe had now become agglutinated to the foot. There was neither inflammation nor swelling and no discharge of any kind had taken place. The toe now was able to maintain its contiguity without any artificial support and in colour resembled somewhat a piece of dried beef. I

dressed it with 50 per cent. listerine solution as before, and covered it with antiseptic gauze, absorbent cotton and bandage. My next visit, I concluded, would tell the tale whether a dead toe can be brought to life again by transplanting it upon a living stump. As I had never heard or read of a like experiment before, I naturally had some misgivings as to the result of the very conservative case of surgery now on my hands, so without much delay I paid him the third visit, when I was delighted to find that new life was being imparted to the dead tissue.

There was no swelling, nor any indication of pus present, and the toe was so firmly united to the foot by adhesive inflammation, that no alternative was left but to "let well enough alone," as Dame Nature was now lending a helping hand which gave every promise that the plastic operation commenced in doubt was successfully passing the crucial test of Nature's laboratory, where all the delicate mechanism of the human anatomy is so mysteriously performed, provided Nature has a fair opportunity, and the disabled frame is worth the repair. At each subsequent visit the redness became more extensive and vitality was gradually restored to the distal extremity of the great toe. The toe-nail came off in a month's time, but another like the fabled Phoenix sprang from the matrix of the resuscitated great toe.

For the benefit of any doubting Thomas, as many have refused to credit the episode, the young man Arthur Rees is still living in Northfield, in Sunbury County, and the once amputated great toe is yet in active business at the old stand, to speak for itself as a signal triumph of conservative surgery.

CASE IV.—John McEachern, aged 17, driver of an express wagon selling groceries and dry goods. Having lost control of his runaway horse while going down a steep hill, he was thrown from a high seat in front violently to the ground, along which he was dragged some distance. Two doctors were immediately summoned to attend him at a neighbour's house where he was carried. I, being nearest, got there first. In addition to a bad shaking up and other slight injuries, he sustained a compound and comminuted fracture of the humerus close to the elbow joint. The humerus had penetrated through the thickness of the two shirts he had on as well as through the coat sleeve and had ploughed its way along the ground, as attested by the dirt stuck fast to the broken extremity. I carefully irrigated the broken end, which was protuding three or four inches through the

arm, with a fountain syringe and bichloride solution. When thoroughly cleansed I was obliged to use some force on his biceps before getting it back through the wound again. And after the fracture was reduced I discovered that a large spicula of bone three inches long was broken from the epiphysis at the elbow, and easily removed it through one of the apertures in the flesh. The muscles and tendons around the elbow were so badly lacerated that the arm at that joint was almost torn off, so much so that the douche let fall upon the anterior surface went directly through and came out readily at the posterior surface. The fracture was put up in a straight splint made of thin sole leather reinforced by a strip of tin. As the arm required daily dressing for a month or more before healing was effected, the joint was subjected to so much passive motion thereby that ankylosis was well ruled out at the very start. This young man was able to return home in five or six weeks with a fairly useful arm, and in a month or two afterwards, he, while employed on the elevator in the West End, along with another man fell from the top inside, killing his companion instantly; but my former patient, though severely injured, escaped with his life. Fractures of this nature, i. e. compound and comminuted, were as a rule some years ago treated by summary amputation, which doubtless entailed less trouble to the surgeon, while the unfortunate patient had no alternative but to plod on through life minus a limb and other collaterals. The little manual of our Society stipulates certain fees for performing various amputations: but what fee is the surgeon entitled to who can avert these amputations by a little extra care?

The heroic surgeon is welcome to his pecuniary reward, but in addition to this, his conservative confrere has unpresented claims upon his thankful patients, whose hearts he has laid under tribute to his forbearance and superior skill. His bloodless victories, gained at the fireside and in the home, far transcend in importance to the human race the gory triumph of the soldier who wades through the blood of his fellowman. The memory of the former shall be fresh and green, while the warrior is soon forgotten in the dust. His fair escutcheon shall be emblazoned by many stars which shall recount to future generations the lives that have been saved, the pain that has been mitigated, and the suffering and woe which have not only been assuaged, but frequently avoided, by the skilful touch of the merciful benefactor that he is.

He stands as guardian angel between the living and the dead, equipped in the best armour of his beloved profession. With a flaming sword he guards the footsteps of Adam's race, and with the invincible panoply of the medical art, he will ever shield with jealous care the house of this our earthly temple.

TWO CASES OF DERMOID CYSTS OF THE OVARY WITH TWISTED PEDICLE.*

By A. B. ATHERTON, M. D., Fredericton, N. B.

CASE I.—Mrs. J. McG., aet 39, a stout, very fleshy person, mother of eight children. Was called to see her in consultation with the late Dr Serey, on the afternoon of June 5th, 1899. She had generally been healthy, and was never known to have an abdominal tumor. About the first of January, she had suffered from some abdominal pain for a week. Menses were absent from this time till April, when they reappeared. Was laid up all through March with pain and soreness in the lower abdomen. The soreness continued since then, till the onset of the present attack, two days before I saw her. This was ushered in by a sudden severe pain, which has kept up with only short intermissions, being somewhat relieved by large doses of morphia. The pain has been accompanied with frequent vomiting, and the ejected matter has become intestinal in odour. Constipation is absolute, not even gas passing.

On examination I found the abdomen somewhat distended, and the lower part tender and occupied by a hardish swelling, which was dull on percussion. The rest of abdomen was tympanitic. Nothing made out per vaginam. P. 108; T. 99.8°.

Operation was thought advisable, and she was at once removed to hospital and prepared for it.

10 P. M.—Anæsthesia given by Dr. Geo. J. McNally, and assistance rendered by Dr. Seery. An incision from navel down to pubes revealed a tumour of size of adult head, with adherent omentum and coils of bowel. These were separated, and the tumour punctured with a medium sized trocar. A chocolate colored oily material was let out, but as it ran very slowly, the pedicle of tumour was ligatured with silk, after untwisting it, and taken away. Also several large pieces of omentum were ligatured and removed. About four feet of the lower small intestine were congested and distended, with the coils glued together by recent lymph deposit. No further

*Read before the N. B., Medical Society, St. John, July, 1905.

cause of intestinal obstruction being found, the abdominal wound was closed by silver wire sutures, and antiseptic dressings applied.

Morphia, $\frac{1}{4}$ gr., was required to be given hypodermically soon after the operation on account of pain.

I may say the pedicle was twisted three or four times around from left to right, going anteriorly. The cyst contained, as you see, a bunch of hair, several teeth, etc.

The patient went on well after the operation. The sutures were all out on the eleventh day, and she left the hospital eight days afterwards.

CASE II.—Mrs. C. H., aet. 37. Usually healthy. Mother of one child six years old.

In 1901 was examined by me, and a hardish tumor of size of fist found in pelvis, closely connected with the uterus.

I took it at the time to be a fibrocyst, and as it was giving but little trouble advised non-interference.

Two years ago, while away from home, she had a pretty sharp attack of pain in right lower quadrant of abdomen, lasting a few days. Has occasionally felt some pain in same part since then.

On May 14th, 1905, this pain began again, and grew gradually worse until I was sent for early in the morning of the 15th. When I saw her, she was complaining bitterly of pain in right inguinal region, running down into thigh and right-labium majus. Vomiting accompanied pain when most severe. It required more than a grain of morphine given hypodermically before the pain was much relieved.

As she had had dysuria at times during the last few years, and had only made 8 oz. of urine in twelve hours, while the pain was situated on the line of right ureter, and ran down thigh and into right labium, I suspected some blocking of the ureter.

In addition to this history I was informed she had missed two periods and considered herself pregnant. No milk in breasts.

On examination a tender tumor of size of small foetal head was felt in middle of abdomen above pubes. Also (*per vaginam*) another smaller mass found in posterior lower pelvis. Temperature normal.

May 16th. Had a fairly comfortable night but pain is returning this morning. Passed 16 oz. of urine in last 24 hours, no blood or albumin in it; painful on passing. Any motion of body increases pain in right side. P. 70; T. normal

May 17th.—Has required two or three suppositories of $\frac{1}{3}$ gr. of morphine since yesterday. Temperature went up to 99° last evening and remains the same this morning.

An examination ordered.

This did not prove very satisfactory. As the tumor seemed to be growing more tender I thought better to remove patient to hospital for operation.

4.30 P. M.—Ether given by Dr. McKie assisted by Dr. Mullin. Incision from navel to pubes. A dark maroon-colored tumor of the size of a foetal head came into view with a twisted pedicle involving the right Fallopian tube in the twist. There were three complete turns from left to right anteriorly. Pedicle of tumor and Fallopian tube ligatured with silk, and tube and tumor removed. By the patient's own previously expressed wish, the appendix cæci was also taken away.

The enlarged uterus was felt retroverted and lying low down in the posterior pelvis. The abdominal incision was closed by layers of catgut sutures, and fish-gut interrupted ones to skin.

Patient progressed well after operation and left hospital in eighteen days. She was allowed to go home earlier than I would have desired because of her extreme anxiety to go, and because she was growing very nervous on account of remaining in hospital.

I saw her on July 10th, and she felt in good condition. There seemed to be no doubt in reference to pregnancy.

As will be seen the cyst in this case contained only a bunch of hair in addition to the oily sebaceous matter.

REMARKS.—I think it is now generally believed that dermoid cysts of the ovary originate during foetal life, and are due to the inclusion of some of the outer skin layer in the ovary during the development of the embryo. Subsequently, these elements may or may not result in the formation of a tumor. When such enlargement takes place, it probably does so at or about the period of puberty, and continues to grow in the more active period of sexual life. I have myself removed five of these tumors, the ages of the patients ranging from 12 to 39 years. The two cases above reported were the only ones having a twisted pedicle. This gives a percentage of forty, which is higher than usual, although dermoid ovarian cysts are peculiarly liable to undergo torsion of their pedicles. Pregnancy is given as

one exciting cause of such a condition, and in one of my cases it was present.

It may be of some interest to notice that the direction of the torsion was the same in both my cases, *i. e.* from left to right, starting at the left and going anteriorly. The late Mr. Lawson Tait held the opinion that the vermicular action of the large bowel, with the passage of fæces along it, determined the direction of the twist. This would seem to correspond with the findings in these instances.

A few words may be appropriately said in regard to the diagnosis of an ovarian tumor with acutely twisted pedicle. If there is a history of a pelvic tumor, and acute pain sets in, largely confined to one side, and we find the previously existing tumor somewhat enlarged and gradually becoming more and more tender on palpation, we have a combination of circumstances which would generally warrant that diagnosis. In cases of a small tumor of the right ovary there might in stout subjects be some chance for thinking the trouble a fulminating attack of appendicitis, the tenderness, and difficulty in palpating a tumor in such a patient leading to this mistake. Usually we have a sudden onset of severe pain with vomiting ushering in the attack in both. A rise of temperature, where present at the beginning of appendicitis, as it usually is, would aid in distinguishing this disease. After a day or two some fever will appear in a case of twisted ovarian tumor, although before that there is none. This of course is due to inflammation occurring within and about it.

A ruptured extra-uterine gestation might very easily be confounded with a twisted cyst, but can often be differentiated by a history of a missed period, as well as by the pain being less continuous, and by a greater degree of collapse accompanying it, due to hemorrhage. A tender tumor closely connected with the uterus would be a symptom common to both. Also a normal or subnormal temperature, followed by a moderate rise after a day or two would be present in both.

Again, when the tumor is complicated with an early pregnancy, as in one of the cases reported, the difficulty of fixing the diagnosis becomes still greater. As a rule the size of the tender mass felt in extra-uterine pregnancy would at first be less than the one found in

torsion of an ovarian cyst, as the latter is generally as large or larger than a foetal head.

It will be observed that we had intestinal vomiting in our first case, and this symptom might readily lead one to think he had acute intestinal obstruction to deal with, and probably a certain amount of this had really been developed by the adhesive peritonitis found involving the coils of the ileum.

As regards treatment, it follows without saying that as soon as the condition is diagnosed, or even suspected, an abdominal section is in order, followed by the removal of the tumor. When this is undertaken within three or four days from the onset of the severe symptoms the prognosis is good. After this period, the case will become more and more desperate.



A NOVEL TREATMENT OF FRACTURED PATELLA—FRACTURED CLAVICLE TREATED BY SUTURING.

By W. H. IRVINE, M. D., Fredericton, N. B.

The simplicity of the means employed and the excellent results obtained, is my reason for reporting this case. This I have deferred doing for some years, in efforts to find this method spoken of or illustrated in the literature, which thus far I have been unable to do.

Patient, J. A. M., age, at time of accident, 56 years; a simple transverse fracture without abrasion of skin, caused by a blow from the iron socket of a peevy, was sustained on April 26th, 1899, while working on a lumber drive. The patient managed with great difficulty to travel about two miles after the accident, when he mounted horse-back and rode about eight miles further. The case was seen about seventeen hours after the receipt of the injury, and we found the knee ecchymotic, considerable effusion about joint, and the fragments separated about one inch. It would have been a good case for suturing, but the environment was such that strict aseptic precautions and correct technique could not be observed, operation, therefore, being out of the question.

The following treatment suggested itself: The hair was shaven from well above and below the knee and the skin cleansed, after which two pieces of adhesive plaster were cut five inches wide by twelve inches long, and and a U shaped piece three inches wide and seven inches long was cut from one end of each piece. The fractured surfaces were then brought into apposition, which was not difficult to accomplish, and the concave inner end of the U shaped adhesive plaster was made to closely encircle the circumference of the upper segment of the patella, the sides or strips of the U shaped piece being brought down the sides of the leg. The upper end of the plaster, of course was five by five inches in area, and adherent to the anterior and lower aspect of the thigh. The other piece of adhesive plaster was made to surround the lower segment in a similar way, its sides or

*Read before the N. B. Medical Society, St. John, July, 1905.

strips extending up on either side, and adhering to the thigh and overlapping the upper end of the first mentioned piece of plaster. The circumference of the bone was thus entirely surrounded, and the segments securely held in apposition. The leg was dressed in complete extension, and a figure of 8 flannel bandage was then applied, leaving the top of knee exposed, over which an ice bag was placed. These pieces of adhesive plaster were reinforced above and below the knee by strips placed around the limb, after which the leg was slightly flexed at the knee, for two reasons; first, to afford greater comfort; secondly, to still closer approximate the fractured surfaces. A pad was placed in the popliteal space, and a posterior splint about eleven inches long employed, and as the swelling gradually subsided the dressings were, as a matter of course, tightened. The subsequent progress of the case was all that could be desired, he being able to perform light labour in three months.

In reply to a letter of inquiry dated June 14th. of this year, he tells me that upon deep pressure with the ends of the fingers a line of separation can be felt about an eighth of an inch wide. The leg and knee are in perfect condition and he has never had any pain or trouble whatever.

As the results following operations for fractured patellae in the hands of the best operators, are frequently so disastrous to both life and limb, it seems to me that any means giving such good results must be appreciated, and it would appear that even in multiple or comminuted fractures this method of dressing might be employed with a hope of success.

As the literature does not contain the records of many cases of fractured clavicle treated by suturing, and having had a case which resulted most satisfactorily, possibly a report of the case might be of some benefit. The case was operated on, on January 26th., 1905, three days after receipt of the injury, which resulted from a fall off a building, a distance of about ten feet, patient alighting on the tip of the left shoulder. It was an oblique fracture at about the junction of the outer fifth with the inner four-fifths. The apex of the inner and upper fragment corresponded with the lower margin, and that of the outer and lower fragment, with the upper margin of the clavicle, and of such a nature that no dressing would hold the fractured surfaces

even in approximate apposition. As the nature of this man's calling was such that a deformed or even partially incapacitated shoulder would have been much to his disadvantage, I suggested suturing, to which he readily consented. The usual preliminary measures were instituted on the evening of Jan. 25th., and on the next day, at the Victoria General Hospital at Fredericton, with Dr. McGrath, anæsthetist, and Mr. William Kelly, of the House Staff, assisting, we operated. The patient left the hospital in six days, the superficial wound having healed, and in two weeks an ordinary sling dressing was employed. In about four weeks we removed the wire through a slight incision in the skin and, with the exception of some provisional callous, the parts were normal in every regard.

The results being so satisfactory, it would seem to be an ideal method of disposing of such cases. For with aseptic precautions and correct apposition of the fragments, deformity and impairment of function is completely obviated, which I do not think can be accomplished with any degree of assurance by the use of the usual mechanical appliances in fractures of the clavicle so near the scapular articulation. Greater liberty of the arm is also given during convalescence, thus obviating much distress and functional impairment incident to prolonged cramping of the arm, which so often follows the Sayre or other dressings. I do not wish to be understood as advocating suturing of all fractured clavicles, but in irreducible fractures it is an ideal method. As none of the text books at my disposal mentioned the technique, I may say that the one employed was very simple, that is, the drill was introduced from below, parallel with the long axis of the neck, as it were, thus precluding any possible injury to the subclavian vein, or other structures. The rest of the technique is apparent.

The man called on June 12th., 1905, on his way home from the lumber drive, he having been at that work for fifty days, using a peevy, which is the hardest manual labour, he assures me, a man can possibly perform. He also informed me that since leaving home he has never been troubled in the least as a result of the fractured clavicle, and that before going to the drive he had worked around his home, chopping wood, &c. I might add that it was the left clavicle that was broken and that in the labour mentioned both arms would be equally employed

Therapeutic Notes.

Tired? Your feet ache? Chillblains? Walking too much?

Bathe your feet in sea-salt water, tepid, rub them dry and to a glow, and paint them with a soft brush, of the following:

R—Camphoræ.....dr. ss
 Mentholi.....sc. i
 Iodi.....grs. x
 Tr. myrrhæ.
 Tr. benzoini compositæ.....ā ā dr. iv

M.

In the morning soak them again in tepid sea-salt bath, dry, and sprinkle into the stocking some thing like this:

R—Acidi boricæ.....dr. ii
 Acidi salicylicæ.....sc. i
 Aluminis.....dr. i
 Bismuthi subnitratæ.....dr. ii
 Pulveris talci.....dr. i

M.

Then take your ante-breakfast walk, get up a good appetite, and thereafter tend to business.

But be sure to remember that alcohol and tobacco before breakfast, when the stomach is entirely empty, and the glandular system on the *qui vive* for a generous dose of unadulterated food, will choke those follicles, harden and dry them, till food acts as a foreign invader and belched or vomited, and passes helter-skelter through the bowels. If there is that unclean, nauseous taste in the morning mouth, put a drachm of sodium phosphate in a tumblerful of hot water and let the stomach enjoy a bath as well as the skin.—From “Home Rules for a Doctor’s Happiness,” in *Pacif. Med. Jour.*

Write Dr. C. D. Murray for Hotel accommodation during stay of Canadian Medical Association.



Halifax Medical College.

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Editorial.

THE CANADIAN MEDICAL ASSOCIATION MEETING.

The meeting of the Canadian Medical Association in Nova Scotia is almost at hand. We say "Nova Scotia" advisedly, for it is an essentially Nova Scotian meeting; the hosts in all the entertaining are the President and members of the Medical Society of Nova Scotia.

A very large number of papers has been received, probably making it necessary that the meeting be held in sections, one of Surgery, and one of Medicine.

The social programme commences on Tuesday afternoon with a harbor excursion on steamer "Strathcona." On Tuesday evening the President and members of the Medical Society of Nova Scotia will be "At Home" in the Provincial Building, kindly loaned by the government. This reception promises to be a very elaborate function. On Wednesday, His Honour the Lieutenant Governor will give a luncheon party to some of the distinguished guests, and the Hon. David and Mrs. McKeen will give a Garden Party at their beautiful place "Maplewood." In the evening the Mayor and Corporation have asked the members of the Association to a concert in the Public Gardens, for which Halifax is famous. Thursday evening has two sources of entertainment, a concert on the North West Arm, with an illuminated procession of boats, the Society giving the prizes; and a grand smoking concert at the Armouries. A final decision has not been made yet as to Friday. The excursion will

either be to Chester by the South Western Railway with luncheon at the Hackmatack Inn, or to Canning with luncheon on the far famed "Look Off." Saturday the International Yacht Race for the Prince of Wales' Cup will take place.

Nova Scotia is ready for the visitors and they cannot come in too great numbers.

The following is a partial list of the addresses and papers on the programme :

President's Address—Dr. John Stewart, Halifax.

Address in Surgery—Mr. Francis M. Caird, Edinburgh, Scotland.

Address in Medicine—Dr. D. A. Campbell, Halifax.

Address in Gynæcology—Dr. Howard A. Kelly, Baltimore.

Address in Ophthalmology—Dr. J. W. Stirling, Montreal.

Prostatectomy—Dr. E. W. Cushing, Boston, Mass.

The Surgery of the Stomach in Non-Malignant Conditions—Dr. Geo. E. Armstrong, Montreal.

Dislocations (with lantern demonstration)—Dr. J. Alex. Hutchison, Montreal.

The Fever of Late Syphilis—Dr. Arthur Birt, Berwick, N. S.

Postural Albuminuria of Children—Dr. W. H. Eagar, Halifax.

The Prodromata of Insanity—Dr. W. H. Hattie, Halifax.

The Treatment of Smallpox, without Pitting—Dr. Archibald Leitch, St. Thomas, Ontario.

Tracheotomy as a Remedy in Severe Whooping Cough—Dr. A. B. Atherton, Fredericton, N. B.

Recent Fracture of the Clavicle, with Operative Treatment—Dr. J. W. T. Patton, Truro, N. S.

Discussion—Renal and Ureteral Surgery—To be opened by Dr. A. Primrose, Toronto.

Two cases of Retro-ocular Neuritis—Dr. George H. Burnham, Toronto.

Post-Operative Pulmonary Thrombosis—Dr. Herbert A. Bruce, Toronto.

The Symptoms, Diagnosis, Prognosis and Treatment of Neoplasms affecting the Central Nervous System.—Dr. D. A. Shirres, Montreal.

Chorea, with an analysis of 130 cases.—Dr. Robert King, Halifax.

Rare Forms of Aneurysm.—Dr. Maud E. Abbott, Montreal.

The Buried Suture—Dr. J. M. Elder, Montreal.

Dentigerous Cysts, or the Removal of the Inferior Dental Nerve for Tic.—Dr. M. C. Smith, Lynn, Mass.

Combination Operation of the Radical Cure of Inguinal Hernia.—Dr. F. N. G. Starr, Toronto.

Two case reports—(1) A case of Chylo-thorax; (2) Further notes on a case of Myelogenous Leukæmia, with disappearance of Splenomegaly and Myelocytes.—Dr. D. G. J. Campbell, Halifax.

The Possibility of Stamping out Cancer of the Uterus.—Dr. A. Laphorn Smith, Montreal.

Our Detention Hospitals.—Trachoma, Immigration.—Dr. J. D. Page, Quebec.

Posture and Heart Murmurs.—Dr. R. D. Rudolf, Toronto.

Report of Cases of Septicæmia and Pyæmia from a Surgical Standpoint.—Dr. W. F. England, Winnipeg.

Lead Poisoning from a Clinical Standpoint.—Illustrated.—Dr. W. F. Hamilton, Montreal.

In addition to the foregoing, many have promised papers, but have not yet decided upon the title of same.

THE MEETING PLACE.

The School for the Blind, where the sessions of the approaching meeting of the Canadian Medical Association are to be held, is an institution in which citizens of Halifax take much pride. The genial and talented principal, Dr. C. F. Fraser, is not only a scholarly gentleman and a successful teacher, but he is possessed of remarkable executive ability and unlimited energy. Ample proof of this is furnished by the school itself, which, since Dr. Fraser's connection with it, has gone forward by leaps and bounds, until it has reached a place amongst the ten largest institutions for the blind on the Continent. It is in all respects one of the most progressive schools on the Continent, and is able to make the proud claim that the proportion of its graduates who are capable of maintaining themselves is larger than that of any other similar school, with very few exceptions.

The Halifax school was one of the first institutions for the blind to be identified with the public school system, and it thus years ago secured to the blind children of our Province, the same right to education as other children enjoy.

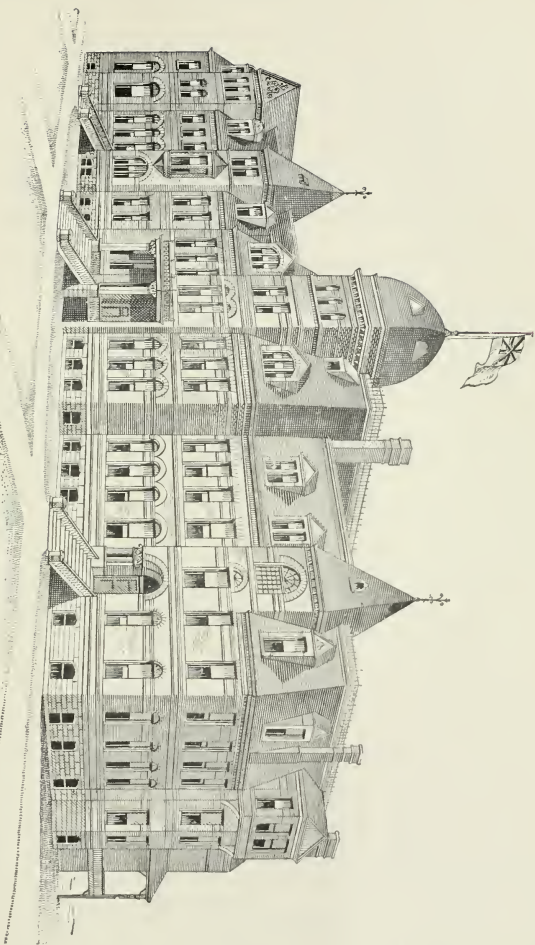
We feel sure that visitors from the West will be interested in this school, and will be glad to have an opportunity of inspecting its equipment. We feel confident that they will find it to be a model institution, and well worthy of the trust we place in it, and in the very capable staff which administers it.

ANÆMIA IN PORTO RICO.

One of the happy results which has followed the assumption of the White Man's Burden by our friends to the south of us, has been an earnest and in many respects a successful study of some of the diseases which were ripe in the islands which formerly belonged to Spain. The remarkable results which followed the effort to rid Havana and Cuba of yellow fever and malaria are still fresh in our memories. Another condition which has been made the subject of investigation by a commission appointed by the United States Government, is the tropical anæmia. The way was, to a large extent made plain for this commission by Dr. Bailey K. Ashford, who, in 1899, discovered ankylostoma in the fœces of anæmic patients in the hospitals of Ponce, and thus proved that the anæmia of Porto Rico is in reality ankylostomiasis or uncinariasis. The commission undertook to determine a successful treatment for this condition as found in Porto Rico, and it has recently submitted a report upon its work, covering over 200 pages.

It is unnecessary to review the various stages by which the solution of the problem was accomplished, suffice it to say that the treatment found most satisfactory was a purge (to remove mucus, etc., from the bowel), the administration of an antiseptic, preference being given to thymol in doses not exceeding four grammes, and then another purge. This treatment was repeated weekly until no more uncinaria could be detected in the fœces. Then reconstructive treatment was commenced, and iron was administered in all severe cases. A very high compliment is paid to pepto-mangan, as this is the only proprietary preparation reported by the commission. Over eighteen pages of the report is devoted to cases treated with this preparation, the results in each case being most gratifying. It is not surprising that the Breitenbach Company are greatly pleased with this endorsement of the remedy which they represent, and they have had the

Deaf and Dumb Institution.



portion of the report dealing with the cases treated by pepto-mangan reproduced in the form of an attractive pamphlet, which will doubtless be well received by the medical profession.

LIFE INSURANCE FEES IN NEW BRUNSWICK.

The annual meeting of the New Brunswick Medical Society was of unusual interest this year. Two important reports, Life Insurance Fees and a Sanatorium for Tuberculosis, were submitted to the society, and were freely and ably debated before well attended meetings. There was also the election of members of council.

The committee on life insurance fees reported that they had asked by circular for the views of the members on several points connected with the matter, and in the answers received there was an unanimity of opinion that the minimum fee for an examination in the old line companies and in the fraternal organizations should be five dollars. The society dealt with the former, and the fraternal associations remain to be considered on some future occasion. The members generally took a strong ground that the fees in many old line companies are entirely inadequate. Should the two-thirds of registered practitioners signify their approval, all of the regular companies will be required to pay a minimum fee of five dollars. This is a fair demand, for the work, time, and responsibility, amply justify it.

There is every evidence that the Medical Society of New Brunswick is practically a unit in the matter, and it is now for the whole of the profession in New Brunswick to act in an united way and the point will be gained. With right on their side, and concerted action, much will be accomplished. But concerted action is imperative, and every medical practitioner in the province can assist in doing away with the present system of underpayment or "sweating," as it may be termed.

The value of the existence of this society is made apparent, when its members require protection. It is to be hoped that the Nova Scotia Medical Society will take a similar stand and avoid anything of the nature of a half way measure.

It might well be, and it is to be hoped that it will be, a matter which will soon be similarly dealt with all over the Dominion.

Society Meetings.

NEW BRUNSWICK MEDICAL SOCIETY.

The twenty-fifth annual meeting of the New Brunswick Medical Society was held in Council Chambers, St. John, on July 18th. and 19th. The President, Dr. A. R. Myers, called the meeting to order at 10 a. m.

The minutes of the twenty-fourth annual meeting were read and, on motion, adopted.

The President, in a few well chosen remarks, welcomed the members to the meeting, also the delegates from other societies. During his remarks he recalled the death of two of the Society members.

A short sketch was given of the course of evolution of modern surgery, and the revolution that has been brought about over the methods of a century ago, by reason of the improved knowledge of anatomy and pathology; the improved method of arresting hemorrhage; the discovery of anæsthetics, and the introduction of antiseptic and aseptic measures.

Moved and seconded that the address be laid before a committee for consideration.

Committee—Doctors Atherton. McLaren and Purdy.

The following bills were ordered paid: L. R. Murray, secretary, for postage, etc., \$6.36; J. D. McKenna, programmes and post cards, \$6.50; J. A. McMillan, wrapping and printing manual, \$6.89; J. M. Deacon, for expenses in printing, postages. &c., on life insurance examinations, \$17.75.

Correspondence was received from the Woman's National Council asking assistance in obtaining official registration of graduate nurses.

Moved by Dr. McCully, and seconded by Dr. Hetherington, that it be handed to a committee for consideration. Doctors McCully, Hetherington, and Nugent were appointed a committee on said correspondence.

The following is their report:

Your committee, appointed to report on a communication received from the Secretary of the National Council of Women of Canada in regard to the registration of graduate nurses, beg leave to report that,

1. In the opinion of the Society it is desirable that there should be an official registration of graduate nurses;

2. That such registration should be Provincial, and that the acceptance of diplomas from training schools, having a curriculum approved by Provincial Medical Association, would be sufficient for registration.

(Sgd.) G. A. HETHERINGTON.
O. J. McCULLY.
J. G. NUGENT.

Moved by Dr. T. D. Walker, and seconded by Dr. J. H. Gray, that the report be left in the hands of the council for future action, and that a copy of the report be sent to the Secretary of the Woman's National Council, as an indication of the Society's action. Carried.

The report of the Council of Physicians and Surgeons of New Brunswick, was read by the Registrar, Dr. S. Skinner, as follows:—

Mr. President and Members of the New Brunswick Medical Society.

The report which I have this year to make on behalf of the Council of Physicians and Surgeons of New Brunswick, will be brief.

This year just passed has been uneventful, medical affairs having, with few exceptions, passed along smoothly and with little or no friction.

The official list of registered practitioners published in the *Royal Gazette* of April last, contained two hundred and fifty nine names, being the largest number as yet published. It is gratifying to be able to report that the percentage of those failing to pay the annual fee is remarkably small. The profession is recognizing the benefits of keeping registered, thus saving themselves a good deal of inconvenience and annoyance, so that what was formerly an annual complaint in the Registrar's report is not likely to be heard again. This improvement is best shown by making comparisons with former years. In 1900, five years ago, there were only 233 names published in the *Royal Gazette*; in 1895, 209; in 1891, 191; in 1887, 151, being 108 less than has appeared this year.

The following have passed the professional examination in June last.

C. T. Allen, Great Shemogue; Louis G. Bourret, Rogersville; B. H. Doygan, Harvey Station; J. A. Gillis, Matapedia; J. S. Bentley, Truro; Margaret E. Douglas, Stanley; W. J. Scott,

Montreal; B. W. Robertson, St. John; L. DeC. MacIntosh, Hartland; S. O. McMurtry, Montreal; A. Stuart Loggie, Chatham; M. E. McKay, Cape Breton; Ernest Rommel, Alma; Alex. S. Lamb, Little Shemogue; Aug. Martin, Campbellton; Daniel P. Mahoney, Melrose; William B. McVey, Rothesay; W. S. Saunders, Hawkshaw.

The following have passed the primary examination:—

N. A. Farris, White's Corner, Queens Co.; W. E. Gray, Campbellton.

The tide of emigration westward may be said to have struck the profession of this province, eight of whom have left to try their fortunes in the west.

The council has decided to hold the professional examinations twice a year. Formerly there was only an examination held in the month of June, so that anyone applying for registration too late for the annual examination was compelled to wait until the following year, unless a special examination was decided upon. In the future the examinations will be held in June and December.

The question of the establishment of a Medical Council for Canada, as outlined in Dr. Roddick's Bill, is still in doubt. The McGill medical students, being unanimously in favor of this bill, drafted a letter setting forth briefly the advantages of a central medical council, and sent a copy to every member of the Provincial Legislature of New Brunswick, also those of British Columbia and Ontario. In order that this bill may become operative the Provincial Assemblies must pass concurrent legislation. This has already been done in Nova Scotia, Prince Edward Island, Manitoba and the North West Territories. It was asked that our council should bring forth the necessary legislation at the last session of the Legislature.

This bill (popularly known as the Roddick Bill) providing for the establishment of a Medical Council for Canada, was passed in the Dominion House of Commons in 1902. In order to become operative, it must receive the sanction of the various provincial legislatures.

The great purpose of a Dominion Medical Council would be the establishing of a qualification for medical men which would be acknowledged and accepted in all parts of the Dominion. Should this be accomplished, a doctor who had passed the examinations of the Medical Council of Canada would be exempt from any provincial examination, and on payment of the provincial registration fee would at once be permitted to practise. Such an arrangement would in no wise interfere with the provincial autonomy in medical affairs; provincial councils must necessarily exist for the purpose of taxation and discipline, and would still retain their examining boards for the purpose of examining and licensing men

who wished to practise only in that particular province. At present there are no fewer than eight examining and licensing medical bodies in Canada. Barriers have been placed about these eight districts so that it is practically impossible for a medical man to receive a qualification to practise medicine in more than one province. Frequently medical men have been fined, and, in cases where the fine has not been paid, imprisonment has been threatened for crossing the boundary line between two provinces in order to save the lives of our own Canadian citizens. It is asked if such a condition does not demand a remedy. In this respect New Brunswick differs from some of the other provinces, as non-residents living on the border are allowed to register.

The British Medical Council will not now recognize the examinations of any provincial medical Board, but positive assurance has been given that as soon as we have a central examining board in the Dominion, the British Medical Council will at once accept the licenses from that Board and immediately allow our men to register in Great Britain or any part of the Empire over which the British Medical Council has control. This means that our young Canadian doctors would have open to them appointments under the British Board of Trade. Likewise a large and lucrative field of service would be opened up in the army and navy of Great Britain, and in appointments to colonial positions.

The New Brunswick Medical Council replied to the communication of the McGill Medical Students, stating that the New Brunswick Medical Act provides for the adoption of such a bill as that of Dr. Roddick, and that no further legislation is required, and that the council is prepared to act upon its provisions at any time that a Central Medical Council is established.

(Sgd.) STEWART SKINNER, *Registrar*.

Moved by Dr. T. D. Walker, and seconded by Dr. Berryman, that this report be incorporated on minutes in full. Carried.

Moved by Dr. A. B. Atherton, and seconded by Dr. O. J. McCully, that a committee of three be appointed, one of which shall be a member of the medical council, to consider time and manner of submitting the annual report of council, and to submit a report this afternoon, at 4 p. m. Carried.

Committee appointed,—Doctors Atherton, McLaren and McCully.

The committee appointed to take into consideration the time and manner of presentation of the Annual Report of the Medical Committee, beg to recommend as follows:—

1. That the meeting of council shall be held on the day previous to the meeting of the N. B. Medical Society. Carried.

2. That the report of the council be printed and placed in the hands of the Secretary of the society, for distribution at the afternoon session of the first day's meeting. Carried.

3. That this report include a detailed statement of receipts and expenditures. Carried.

4. That the reading and consideration of the report be taken up during the evening session of the first day. Carried.

Respectfully submitted,

(Sgd.) A. B. Atherton.

" Murray MacLaren.

" O. J. McCully

Moved and seconded that this resolution be submitted to the Council of Physicians and Surgeons. Carried.

Moved by Dr. T. Walker and seconded, that the election of members for council be at 8.30 this evening. Carried.

Dr. E. T. Gaudet read a paper on "Surgical Diagnosis". He emphasized the necessity of prompt operation, which was indeed very often the best possible method of diagnosis.

AFTERNOON SESSION.

The President took the chair at 2 p. m.

Paper by Dr. A. B. Atherton was read, "Dermoid cyst of ovary with twisted pedicle." (Published in this number.) He showed two beautiful specimens that he removed with excellent results. A short discussion was opened by Dr. Murray McLaren.

Papers by Dr. W. H. Irvine (a) "Fractured Clavicle; Treated by Suturing." (b) "Novel Method of Treating Fractured Patella, with report of cases." (Published in this number.)

Dr. MacLaren read a paper on "Catgut Ligatures." A sketch of the different methods of treating catgut for use was given. Specimens of catgut that had been in solutions for different periods of time were shown.

Dr. J. M. Deacon submitted the report of the committee appointed to consider the advisability of raising the fees for examining life insurance risks. The committee had written to all the medical men of this province, who were asked, among other things, whether they were in favor of increasing the minimum fee; whether they would support the action taken by the Society in this direction;

and whether they considered that any discrimination should be made respecting old line companies and fraternal societies. Answers were received from 112 doctors and were almost unanimous in desiring an increase in fees for each examination made.

Dr. G. A. B. Addy open the discussion. He considered the insurance companies might well pay their examiners a fee commensurate with the responsibility involved. He moved, (seconded by Dr. Doherty), that all physicians charge all old line companies the minimum fee \$5.00.

Dr. Atherton expressed his willingness to support any feasible scheme, but he feared an attempt to raise it to \$5.00 would prove impracticable. He, therefore moved as an amendment that the minimum fee be fixed at \$4.00. Seconded.

Moved by Dr. Daniel, and seconded by Dr. Scammel as an amendment to the amendment, that the minimum fee be \$5.00, and that a committee be appointed to negotiate with the various insurance companies, for the purpose of carrying this idea into effect.

Upon the question being put, the amendment to the amendment, and the amendment, were lost, and the original motion carried.

It was further resolved that the committee on life insurance be continued, and that they notify the members of the medical profession in the Province, of the action taken by the N. B. Medical Society in their report; that they be requested to concur in such action, and enter into a contract so to do on receipt of the above committee, of such an understanding from at least two-thirds of the registered practitioners in New Brunswick; that the profession be eventually notified of the result and requested to act in conformity with the same. It was agreed to take no action in regard to the fees of the fraternal societies at present.

Moved by Dr. Deacon, and seconded by Dr. MacLaren, that Drs. G. A. B. Addy, S. Skinner, T. D. Walker, and J. P. McInerny be added to the committee that is already formed on life insurance. Carried.

Moved and seconded that the new committee report progress to the Canadian Medical Association when it meets in Halifax. Carried.

Dr. G. A. B. Addy read the report of the Sanatorium Committee appointed by the St. John Medical Society, May 3rd, 1905, for the

purpose of establishing a sanatorium for the care and treatment of tuberculosis. Moved by Dr. Addy, and seconded by Dr. Botsford, that the report be adopted, and that a committee be appointed to confer with the Government. Carried.

The report was discussed by several members of the profession. Dr. Botsford said he took a deep interest in the matter of the prevention or cure of tuberculosis, and detailed a number of instances where patients of his had been cured by the out-door treatment. He was glad that the matter was brought before the St. John Medical Society. He suggested that the Government should first be assured, then the site would not cause much trouble.

Dr. White thought that there should be a small and live committee, a representative one, one that will go before the Government and put up a strong case.

Moved by Dr. McNerny, and seconded by Dr. Doherty, that a committee be appointed from the different counties in proportion to their importance, to meet the Government, to devise ways and means for the establishment of a sanatorium in the Province, and to report back to the New Brunswick Medical Society at a call of the chairman. Carried.

Moved by Dr. Addy, and seconded by Dr. Irvine, that the committee appointed by the St. John Medical Society have power to add to their number from the different sections of the Province. Carried.

EVENING SESSION.

The treasurer, Dr. G. G. Melvin, gave his report, which shows a balance on hand of \$174.45.

The election of members for the council took place, and the five highest were declared elected, namely Doctors E. T. Gaudet, P. R. Inches, J. M. Deacon, Murray MacLaren, J. P. McNerny. Carried.

The following officers were elected :—

President,—Dr. E. T. Gaudet, St. Joseph's.

First Vice-President,—Dr. W. H. Irvine, Fredericton.

Secretary,—Dr. L. R. Murray, Sussex.

Cor-Secretary,—Dr. J. McNichol, Bathurst.

Treasurer,—Dr. G. G. Melvin, St. John.

Trustees,—Dr. A. R. Myers, Moncton, N. B., Dr. J. R. McIntosh, St. John, N. B., Dr. A. J. Murray, Fredericton Junction, N. B.

Committee of Arrangements,—The Profession of the City of Fredericton.

A paper by Dr. J. G. Nugent on "Conservative Surgery," (Published in this number) was then read.

WEDNESDAY MORNING SESSION.

Dr. Gaudet, the first vice-president, occupied the chair in the absence of the president, Dr. Myers having left the previous evening for home.

The first paper was read by Dr. G. G. Corbet, entitled, "Pre- and Post-Operative Radiation for Cancer by X-Rays." Discussed by Drs. Doherty, Irvine, Melvin, Skinner and MacLaren.

Then followed a paper by Dr. P. S. Butler on "Lympho-Adenoma."

Dr. Cameron, formerly of Grand Manan, now of the State of Ohio, was introduced by Dr. Deacon.

Dr. O. J. McCully read a paper on "Nasal Hydrorrhea."

It was moved and seconded that the next place of annual meeting should be in Fredericton. Carried.

Moved by Dr. T. D. Walker, and seconded by Dr. Gray, that the matter of payment of fees necessary, before suit of malpractice be entered, be referred to Medical Board. Carried.

Doctors MacLaren and Walker called the attention of the Secretary to the Canadian Protective Association, and the advisability of the Province having a good representation in this Association, as it was managed on a satisfactory basis.

Moved by Dr. Crawford, and seconded by Dr. MacLaren, that the matter of the Osteopaths practising in the province be brought before the Council for their consideration. Carried.

Moved, seconded, and carried, that a vote of thanks be conveyed to the Mayor and Council for the use of their room, and the sum of \$5.00 to the janitor.

Those present were Dr. A. R. Myers Moncton; Dr. J. McNichol, Bathurst; Dr. L. R. Murray, Sussex; Dr. F. H. Wetmore, Hampton; Dr. C. T. Purdy, Moncton; Dr. J. M. Deacon, Milltown; Dr. G. C. Vanwart, Fredericton; Dr. H. G. Folkins, Norton; Dr. L. M. Curran, Fairville; Dr. J. H. Gray, Fairville; Dr. E. P. Doherty, Dorchester;

Dr. A. B. Atherton, Fredericton ; Dr. R. L. Botsford, Moncton ; Dr. J. Newton Smith, Hampton ; Dr. E. T. Gaudet, St. Joseph's ; Dr. J. G. Nugent, Briggs Corner ; Dr. A. J. Murray, Fredericton Junction ; Dr. G. A. B. Addy, Dr. D. E. Berryman, Dr. Thos. Walker, Dr. C. H. Johnston, Dr. P. R. Inches, Dr. H. Geo. Addy, Dr. J. Henry Campbell, Dr. W. A. Christie, Dr. J. C. Mott, Dr. Geo. A. Hetherington, Dr. O. J. McCully, Dr. A. P. Crocket, Dr. M. MacLaren, Dr. J. R. McIntosh, Dr. T. H. Lunney, Dr. J. A. McIntyre, Dr. J. P. McInerney, Dr. J. W. Daniel, Dr. E. P. Broderick, Dr. Geo. G. Corbet, Dr. C. M. Pratt, Dr. Geo. G. Melvin, Dr. W. W. White, Dr. W. L. Ellis, Dr. H. G. Folkins, Dr. T. D. Walker, Dr. A. F. Emery, Dr. Jas. Christie, Dr. R. G. Day, Dr. G. R. J. Crawford, St. John.

L. R. MURRAY, *Secretary*.

Report of the Sanatorium Committee Appointed by the St. John Medical Society, May 31st, 1905.

Your committee, appointed to collect data for the establishment of a sanatorium for the treatment of incipient tuberculosis beg leave to report that after having been in communication with the different sanatoria in Canada, United States, and England have come to the following conclusions :

8,000 DEATHS LAST YEAR IN CANADA.

Tuberculosis, especially a disease of the poor, (no class of society is exempt from it)—particularly effects cities, and ravages the ranks of the workers in proportion as they are crowded and sedentary in their occupations. In Canada last year there were 45,000 cases with 8,000 deaths.

Though so prevalent a disease, less has been done to alleviate the sufferings of those laboring under it than any other disease, owing to the vast number of those affected, the protracted nature of the malady, and the corresponding expense. Cases of consumption are, to a large extent, excluded from general hospitals, while the institutions which at present exist for their reception, not only fall far short of actual requirements, but are designed upon the principle of wards in vast buildings, and some of them are from necessity placed in localities ill-adapted for the cure of the disease, namely, in the vitiated air of towns and cities.

We are pretty well grounded in the knowledge of the causes of the ailment, and have seen circumstances under which so many of our unfortunate brothers and sisters live. We know that sea

voyages and trips to better climates are impossible. One would say then at once that the first and only thing to be done would be to add another to the grand list of institutions, which ennoble our present day civilization, and that we should build another hospital, but one far different from those now existing.

It should be expressly built for the poor sufferers pining for fresh air, peace, rest, and soothing surroundings. It should be in the country, it should face the sunny south, and be in some pleasant spot where a range of high hills should shelter it from the chilly boreal blasts, and where the high grounds would ward off the cutting, biting and killing breezes of the east, and where the high and well grown woodland should be ready to soften the oft too boisterous western gales.

TREATMENT.

In tuberculosis, treatment is one of the most important problems that confront us. There are four considerations, viz.: hygienic, climatic, dietetic and medicinal, and also a fifth, which is the combination of them all, namely, sanatorium treatment, but also that other important question in tuberculosis, prevention.

1ST.—HYGIENIC.

Hygienic treatment means placing a patient under such health conditions as to strengthen his forces of life under his resisting powers to the disease. It teaches him how to care for himself, the food and drink he is to take, and the time of taking it. It regulates the hours to be spent out of doors, the amount of sleep, or the time spent in bed, the things to do and the things not to do. It teaches him how and when to exercise. It means instruction in ventilation, clothing, the care of excretions, sputa, etc., and it is just as important that these rules be carried out as it is for him to take his medicine. The carrying out of these rules, however, in the average home, is almost impossible, for the patient is apt to forget or become careless, or to do things that may put him back for weeks, or cause his death. The popular idea is that patients must be kept from air, and in darkened rooms, which are overheated, and fed on food which is not nutritious, and indigestible, simply because they crave it, and will eat nothing else, under the pretext that their stomachs are weak and that they can only eat at certain times a day; so the hygienic treatment at home is apt to be rather unsuccessful.

2ND.—CLIMATIC.

It is the prevailing idea that patients must go to some southern or western health resort for climatic treatment, but the climate here in New Brunswick is very much the same as that of the

Catskills, Adirondacks or even Colorado, and persons who go to the south or to California do not improve nearly so much as they do here in our stimulating, cold, crisp winter weather. Patients do very much better in the winter months than they do in the summer, and while there is a great amount of sunshine in Arizona, that does not really compensate for the beautiful plant and tree life of New Brunswick; the associated sand blows and excessive heat offset the advantage of prolonged sunshine.

There is no place in the world where tuberculosis is an unknown disease among the natives of the localities where they live, and where such cases do not end fatally just as they do in New Brunswick, and it is very much better for patients to be cured in the climate where they hope to return to live, as the cure is very much more apt to be permanent. Tuberculosis can be treated successfully in almost any climate, if the patient will only live in the open air and clean surroundings. It is not so much the climate as it is the method of using the climate.

3RD.—DIETETIC.

Dietetic treatment of Tuberculosis is perhaps the most important. The forced feeding with milk and eggs is practically more essential than the climatic open-air life, but if it was not for the stimulating effect of the out-door life patients could never take the extra amount of milk and eggs required, as they take about 700 quarts of milk and 1,000 eggs yearly, outside of their regular meals. Their digestive apparatus would rebel, and they could not take this large amount of food if it were not for the effect of the cool fresh air, which stimulates all the functions of the body, even though they take no exercise at all.

4TH.—MEDICINAL.

In the medicinal treatment of tuberculosis there seems to exist a wide difference of opinion as to what extent drugs are to be used advantageously. There is one school, which considers drugs, for this purpose, either useless or harmful, while another school regards the use of some special one as the only satisfactory course of treatment. Some of them claim almost a specific action for some of their pet drugs such as creosote, arsenic, formaldehyde and cod liver oil. There is probably no drug endowed with specific properties. The serum treatment has been used in many cases very much as anti-toxine is used for diphtheria, and for it some men claim brilliant results, but this is not borne out by common experience. Whiskey was for quite a time considered to be a valuable aid, but they now consider persons, who use alcohol even moderately, more apt to take the disease, and the stimulus of fresh air is considered better and safer. Fresh air is to be tried first and everything else

afterward. This does not imply that no drugs are to be used, for we may use the drugs that we would use in every day disturbances.

5TH.—SANATORIUM.

The last consideration, viz., sanatorium treatment, embraces all of these, and the best results can be obtained from the open air, hygienic, dietetic and climatic treatments, in a sanatorium where the patients are all under the observation of a nurse and a physician. The result of these, combined with every other known method of general treatment, is soon seen by a short trial of this open air life. The cough is diminished and the fever or night sweats decrease, or entirely disappear. The appetite is greatly improved and the weight and strength remarkably increased. Patients soon lose their fear of taking cold. Patients find but little difference in the constant exposure to outside atmosphere. The most important part of sanatorium treatment is the part it plays in prevention.

ITS EDUCATIONAL ASPECT.

Of course a very small percentage of the persons who have tuberculosis can ever be treated in a sanatorium, but it is necessary if we are ever going to control this disease that every person should have some knowledge of the care and precaution to be taken in handling cases. It is here that the sanatorium is going to play an active part. It is going to take individuals from different parts of the province and teach them how to live, how to care for themselves and what precautions to take in prevention.

Every person who leaves the sanatorium is going out with a knowledge of these details, and will act as a missionary throughout the community where he lives. The great problem, after all, is prevention, and more people will learn the necessary preventive measures through a sanatorium than through almost any other means.

Your committee would recommend the adoption of the pavilion and cottage plan, which is universally recognized as the best plan of hospital construction heretofore devised, and one possessing many important medical and sanitary advantages. Each patient is provided with a separate sleeping apartment, and is consequently not disturbed by the incessant coughing, which oftentimes accompanies this terrible complaint. The arrangements generally are those of a home combined with all the advantages of a hospital.

This ideal structure might be realized upon the following plan of expenditure :

Capacity of building, twenty-five patients.

1st—Cost of structure.....	\$20,000
2nd—Furnishings.....	5,000
3rd—Site of hospital.....	2,000

4th. Equipment.—Which will be twenty-five separate sleeping apartments for patients, with suitable quarters for staff, and with

dining room, cooking and bathing facilities for sixty persons. While the pavilion would only accommodate twenty-five patients, still the ground space should be sufficient to provide the room for a large number of "roof-tents," or cottages that could be erected at a very moderate cost.

5th. Maintenance.—Cost per patient, \$9 to \$10 per week. This put in other words means that the cost of maintenance per year would be \$13,000, and would be increased or decreased, of course, proportionately to the number of patients living in the cottages.

SITE.

Your committee feel that in regard to the selection of site a committee should be appointed consisting of men representing the different sections of the province, in order that every possible consideration might be given to the opinions and ideas of the medical profession throughout the entire province. In looking over the literature we have received we cannot but be struck by the marked change that has been wrought in the attitude of both the laity and the profession towards this disease. Twenty-five years ago it was one of hopeless indifference, to-day it is one of hopeful expectancy and interest. This has been brought about principally by the work of two men, Brehmer and Koch. Brehmer taught of the value of sanatorium methods, and the great principles which underlie the open air treatment of tuberculosis. At that time the consumptive hospitals, and the ward for the treatment of consumption in general hospitals, were so depressing a spectacle, and the death rate so appalling, that they were frequently given up and their establishment discouraged by the profession as useless and only likely to shorten the consumptive's life.

To-day we know that we can save one-third of all cases received for treatment at a modern sanatorium, and evidence has been shown that the cures thus wrought are much more than temporary. Over the doors of wards and hospitals for consumptives twenty-five years ago might have been written these words, "All hope abandon ye that enter here," while to-day, in the light of the new knowledge, we might justly place at the entrance of a modern sanatorium the more hopeful inscription, "Cure sometimes, relief often, comfort always."

All of which is respectfully submitted by the committee.

(Signed) G. A. B. ADDY, *Chairman*,
W. WALTER WHITE,
STEWART SKINNER,
MURRAY MACLAREN,
T. D. WALKER,
P. R. INCHES,
THOMAS H. LUNNEY, *Secretary*,

Book Reviews.

The Doctor's Window.—Poems by the doctor, for the doctor and about the doctor. Edited by INA RUSSELL E. WARREN, with an introduction by WM. PEPPER, M. D. Published by the Saalfeld Publishing Co., Chicago, Akron, and New York.

This, the latest addition to the Doctor's Recreation Series, is destined to become perhaps the most popular of the volumes, which have thus far been issued. It is a careful selection of representative poems, and of bits of verse which scarcely merit this title, culled from literature ancient, medieval and modern. Many of the poems are from the pens of physicians. While the majority of the selections have appeared elsewhere, a few have been contributed especially for this work. The volume is compiled especially for the doctor, with the hope that he may find in it a restful diversion from an arduous practice. Geoffrey Chaucer, Ben Jonson, Thomas Hood, Walt Whitman, Charles Dickens, Lord Byron, George Crabbe, Will Carleton, Eugene Field, James Whitcombe Riley,—these appear amongst the contributors, and it may easily be imagined that the variety of touch, tone and quality is all but infinite. Many of the pieces are in light vein; many as serious as could be wished for; many keenly appreciative of the doctor's aim. In some we are good-naturedly chidden for our frailties; in some the meanness and avarice of certain notables of former days, are unsparingly portrayed. Of course, where so large a field has been gleaned, it is but to be expected that there will be some chaff among the grain, but this only adds to the completeness of the book. The binding of the volume is very attractive, being uniform with that of the other volumes of the Doctor's Recreation Series.

Therapeutic Notes.

SUN-PAIN AND OTHER PAIN — In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, and particularly in our large cities, during the summer solstice, antikamnia tablets, in addition to cold douches, are the best remedy. Antikamnia tablets reduce temperature by increasing radiation of heat from the body, and diminishing heat production. They stimulate the glandular system, particularly the sudorific glands. In many cases their diaphoretic action is phenomenal. They act as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system and have but slight action on the brain. We mean by this, that they do not stupefy nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in nearly all neurotic troubles and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun-pain, cephalalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhoea, irregularities and all painful conditions.

In the treatment of conditions where it is important to exhibit quinine, the action of Antikamnia & Quinine Tablets will be found specially desirable. The antikamnia not only relieves the pain, but prevents any disturbance of nervous system, so frequent when quinine is given alone.

The attention of the medical profession is being directed to the use of Sal Hepatica in typhoid fever and inflammatory conditions of the bowels. It appears to be a very safe saline laxative in such affections, being less obnoxious to the organism than sodium phosphate alone or other salines and is more readily eliminated.

By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, the manufacturers of Sal Hepatica claim a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any of the natural purgative mineral waters. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof, in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

Sal Hepatica is the original effervescent saline laxative, hepatic stimulant, uric acid solvent and eliminant of irritating toxins in the alimentary tract. It is manufactured under the direct supervision of J. Le Roy Webber, Ph. G., its originator, and only at the laboratories of BRISTOL-MYERS Co., Manufacturing Chemists, 277-279 Green Avenue, Borough of Brooklyn, New York City.

SANMETTO IN PROSTATITIS, CYSTITIS, GONORRHEA AND URINARY IRRITATIONS.—I have been an extensive prescriber of Sanmetto in cases of Prostatitis, Cystitis, Gonorrhea and general Urinary Irritations, and look upon it as one of the surest remedies in that class of troubles I have ever seen. I shall continue to use where indicated.

Dayton, Ohio.

A. R. MOIST, M. D.

The recent establishment of a branch office and laboratory in Montreal by the Antiphlogistine people bespeaks progress for this enterprising concern,—The Denver Chemical Mfg. Co. Maintaining numerous branches, one at Denver, Col., one in Sydney, Australia, and another in London, Eng., in addition to the main office and laboratory in New York City, evidences success.

THE MARITIME MEDICAL NEWS.

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Original Communications.

OBSTRUCTION OF THE ŒSOPHAGUS*

By JOHN STEWART, M. B., Halifax, N. S.

The function of the œsophagus is to propel and convey material from the pharynx to the stomach. Any interference with this function, however caused, and in whatever degree, may be called obstruction. In a well marked case of obstruction, the symptoms are unmistakable, and the diagnosis self-evident. But the disease may exist in varying degrees, and is due to a variety of causes, hence also a variety in symptoms, prospects and treatment.

In studying the condition, certain anatomical and physiological data should be borne in mind. From its commencement at the cricoid cartilage to its passage through the diaphragm, the œsophagus is, in the adult, about nine inches in length. A measurement of more practical service in passing instruments, is that taken from the incisor teeth to the diaphragm. This, in the adult is, on an average, sixteen inches.

In its course, it presents various curvatures. There is an antero-posterior curvature corresponding to the contour of the spinal column. Lying at first in the middle line, it trends to the left at the lower part of the neck, but returns to the middle line at the level of the fourth or fifth dorsal vertebra, that is, about the level of the spines of the third or fourth vertebra, and here it lies under the arch of the

*Read before Maritime Medical Association, Halifax, July, 1904.

aorta, the left primary bronchus, and the bronchial glands. In its further passage through the mediastinum it is in contact with the pleura on each side and the pericardium in front, and is on the right of the aorta, gradually coming to lie in front of it, and it passes, with the pneumogastric nerves, through an opening in the muscular tissue of the diaphragm just in front of the aortic opening, and on a level with the tenth dorsal vertebra. The œsophagus has a narrower lumen than any other part of the alimentary canal, and there are three points where it is liable to be normally somewhat constricted, or, at least, to offer slight obstruction to the passage of a sound, namely, at its commencement opposite the cricoid cartilage, at the point where it is crossed by the aorta, and at its inferior extremity.

The musculature of the œsophagus, as in the rest of the alimentary canal, consists of an inner circular and an outer longitudinal layer of muscular fibres, of the smooth, or involuntary type, except in the upper third, which is furnished with striated muscle.

In the process of deglutition the action of the œsophagus is entirely reflex and involuntary. The sensory limb of the reflex arc lies in the glossopharyngeal, the palatine branches of the fifth nerve, and the pharyngeal branches of the vagus; the centre is in the medulla oblongata, and the efferent limb and motor nerve of the œsophagus, is the vagus.

If the œsophagus be divided transversely, or a section of it be removed, peristalsis of the lower end will result from stimulation of the mucous membrane of the pharynx, while, apparently, stimulation of the mucous membrane of the lower segment of the œsophagus itself produces no movement, indicating an imperfection in the sensory limb of the reflex circuit.

Section of both vagi is followed by spasm of the œsophagus. As the vagi are the motor nerves, we should have expected paralysis, but the vagus also contains inhibitory fibres which restrain the constricting action of the sympathetic ganglia in the œsophageal wall.

As regards their pathology, obstructions of the œsophagus may be classified under three heads. First, obstruction within the lumen; second, obstruction caused by pressure from without; third, obstruction due to changes in the wall.

Under the first heading come masses of food bolted without sufficient mastication, foreign bodies of all kinds, tumours, as polypi,

and parasitic growths, as thrush and diphtheritic membrane. In the next class are abscesses in the neck or mediastinum, aneurisms, enlarged bronchial glands, diverticula or pouches of the pharynx, or of the œsophagus itself, and tumours such as mediastinal sarcoma, or exostoses from vertebra or the sternum. In the third and most important class we have the various forms of stricture, spasmodic, cicatricial and malignant, and here also may be placed dysphagia due to dilatation and to paralysis. There are cases, of course, in which the obstruction may act in more than one class, as, for instance, when a malignant tumour projects into the lumen, blocking it, and also engages the wall, causing rigidity, or when a spicule of bone partially obstructs the passage of food, and also, by its irritation, causes spasmodic closure.

The cardinal symptom of obstruction, the earliest and the most persistent, is *dysphagia*. In the case of progressive disease it may at first be slight and intermittent: gradually the patient notices that he has to take smaller mouthfuls, and to masticate more thoroughly, and at last he finds difficulty even in swallowing fluids. But in some cases of stricture dysphagia develops suddenly, as it does of course in cases of impaction.

Dysphagia may or may not be accompanied by *pain*. The pain is frequently referred to a different area from that of the actual lesion. The patient may complain of pain or uneasiness behind the manubrium, or at the episternal notch when the lesion or the foreign body is at the lower end of the œsophagus. Pain is sometimes severe, often delayed, and sometimes almost entirely absent.

Dyspnœa,—cough and laryngeal spasm are not infrequent, especially in the case of injuries or blocking by foreign bodies, but it is rarely that asphyxia can be caused by impaction of the œsophagus. When suffocation does occur, the impaction is more likely to be in the pharynx and to occlude the opening of the larynx itself. But the nerve supply of this region affords ample scope for spasmodic reflexes, and in cases of ulceration the laryngeal nerves may be destroyed. One of the few recorded cases of complete bilateral paralysis of both recurrent laryngeal nerves was due to malignant disease of the œsophagus. A marked symptom in stenosis is the *regurgitation* of food, unaltered by the gastric secretions, and sometimes tinged with blood. There may also be the eructation of fœtid slimy material, due to the decomposition of food, mucus and saliva, in a dilated œsophagus.

When obstruction in a marked degree has existed for some weeks *emaciation* becomes noticeable, and all the ordinary appearances of chronic starvation.

There are two points to bear in mind in considering these symptoms. The first is that the symptoms may, for a long time, be entirely absent, or so vague as to be misinterpreted. This is especially the case in disease of the lower end, and is probably due to the imperfection in the reflex nerve circuit already spoken of. In some cases evidence of obstruction has only been discovered on post mortem examination. Even in the case of impaction of foreign bodies the symptoms may subside, only to be remembered when an abscess has formed, or hæmorrhage takes place from an eroded vessel. Again, the symptoms may persist for a variable time after the removal of the cause.

The other point, and a very important one, is the intermittent character of the symptoms in many cases. In some instances this is due to the element of spasm, so well known in urethral stricture. Mental emotion may even influence dysphagia: in certain surroundings the patient may swallow with greater ease. In the case of a lady, the subject of malignant disease at the lower end of the œsophagus, recently under the care of Dr. Almon, it was observed that when in cheerful surroundings, or after the exhilaration of a drive in the open air, she could drink a tumblerful of milk with ease, while when alone in her lodgings she might require the greater part of an hour to take it. This feature is probably akin to well known examples of suspension of function in involuntary muscles under the influence of excitement. Certain physical conditions also, apart from spasm, may give rise to intermittent obstruction.

In the great majority of cases, a study of these symptoms and their history is sufficient to justify a diagnosis of œsophageal obstruction. But a careful physical examination must be made in order to determine the nature and position of the obstruction. Examination of the chest, spine, neck, and pharynx may detect aneurism, mediastinal tumour, enlarged thyroid, pharyngeal pouch, exostosis, or acute spinal curvature. Enlarged glands at the root of the neck are suggestive of malignant disease. The epigastrium should be examined; gastric ulcer or cancer may cause obstruction of the lower opening.

In addition to the usual auscultation of the chest, the stethoscope should be applied over the dorsal spines to detect alterations in the

deglutition wave. At the level of the ninth or tenth dorsal vertebra, we can hear the rush of fluid escaping from the narrow lumen of the gullet into the pouch of the stomach, and in cases of constriction there is not only an alteration in the character of the sound, but the progress of the deglutition wave is delayed, from four or five seconds in the normal condition, to twice or three times as long. Also gurgling sounds may be heard at any point in the course of the œsophagus, if constriction is present, especially at its lower opening, and at the level of the fourth dorsal vertebra, where it may be compressed by the aorta, or a mass of enlarged bronchial glands.

In cases of regurgitation, the material should be tested by litmus. If it be alkaline it is strong evidence that it has not been in the stomach, but has returned from a dilatation pouch.

Where a foreign body is suspected, great assistance may be had from the fluoroscope.

Finally, in the great majority of cases the œsophageal sound should be employed. In the absence of an x-ray apparatus, it may detect the position of a foreign body, in cases of stricture it defines the position and extent of the narrowing, and in spasm its passage proves the absence of organic stenosis.

The stem of the sound should not be too stiff: the bulbs must be smooth, and firmly attached to the stem. It should be passed as gently as possible. Disasters have occurred in using it, aneurisms have been ruptured, and the diseased wall of the œsophagus has been perforated, but with ordinary care these dangers are very remote. On removal, the tip should be examined, blood, pus, or specks of tumour substance may be found on it. It is, upon the whole, the most valuable instrument in diagnosing the conditions, but it may give fallacious information. For instance, a full sized bougie may pass into the stomach, pushing a foreign body aside without detecting it. Or it may pass into a diverticulum or into a pouching just above the stricture, and give a false impression of closure, or a small bougie which has passed this, may a few days later be caught in a pouch and give the impression that the lumen is closed.

Attention may now be directed to some points in the differential diagnosis of the more frequent forms of dysphagia.

Inpaction is common in children, and in the insane. The impacted substance may sometimes be palpated in the neck, especially on the

left side. When it has passed completely into the œsophagus the symptoms are sometimes remarkably indefinite, trivial, and intermittent. A sound or stomach tube may pass with ease and yet such a substance as a coin, a marble, or even an toothplate may lie in the œsophagus. It is in such cases that the fluoroscope is invaluable. Also dysphagia may result from the impaction of very small bodies if they are sharp or irritating, as spicules of bone. These may also cause inflammation and abscess in the submucous tissue and so, in a secondary way, bring about obstruction.

Where aneurism is suspected, great care will naturally be taken in passing the sound: indeed the diagnosis may be made here, without recourse to it. When, in a case of dysphagia there exist also dyspnoea and cough, especially a hard clanging cough indicating laryngeal complication, we may suspect aortic aneurism or enlarged bronchial glands. Simple dilatation of the aorta has been known to cause compression of the œsophagus, at its lower extremity, where it is fixed in the diaphragm.

Diverticula or pouches of the pharynx and œsophagus are rare causes of dysphagia. They are generally, if not always, in the cervical portion, and at the back of the gullet. Becoming filled with food and secretion, they press forward against the yielding walls of the gullet. When sufficiently large to cause trouble, they may be palpated in the neck, and even emptied into the pharynx, by pressure with the fingers.

The commonest cause of obstruction is stricture.

Congenital stricture is not common.

Spasmodic stricture is most frequent in hysterical or hypochondriacal subjects. It probably depends on weakened nerve force, and recalls Schiff's experiment in dividing the vagi. The general condition of the patient, the intermittent character of the dysphagia, the absence of craving for food, all point to the functional nature of spasmodic stricture, and the use of the œsophageal sound clears up the diagnosis.

There is a peculiar form of dysphagia seen occasionally in drunkards. It may be called "dysphagia pôtatorum." The exact cause is not very clear, but it may be due to neuritis, and analogous to the wrist drop seen in alcoholic peripheral neuritis.

Progressive stenosis, continual dysphagia, hunger and emaciation are common to all organic strictures, but the history of the case is

often a great aid in distinguishing simple from malignant forms.

A history of injury from the presence of a foreign body, or operations for its removal, or of ulceration from the action of hot or corrosive fluids, indicate simple cicatricial stricture. Other forms of ulceration, acting more rarely, are tuberculous, syphilitic and typhoidal ulcers.

Dysphagia, with or without pain, in a man over forty years of age, with no history of injury, or any form of ulceration, is almost certainly malignant.

When a stricture is seated low down, the oesophagus becomes dilated above it. In slowly progressive cases, the dilatation or pouching may become very marked and give rise to the characteristic symptom of regurgitation of food, unaltered by gastric juice. It may be, hours after ingestion.

There is another form of dilatation known as idiopathic dilatation, in which there is no stricture. The dilatation is fusiform, and due to a weakness in the wall. Here the dysphagia is due to the disproportion between the weakened propulsive power of the oesophagus and the large mass of food or fluid contained in it.

A case seen sometime ago with Dr. C. D. Murray illustrated some of the difficulties in diagnosing stricture. The patient, a man of 45 or 50 years of age, after a period of vague dyspeptic symptoms, began to complain of dysphagia. A full sized bougie was passed into the stomach with no difficulty. The symptoms varied in degree, and there were other reasons to think of hysteria. Then the man was an alcoholic, and the cases reported of "dysphagia potatorum" came to mind. The systematic use of the sound was begun and the interesting fact came out that, corresponding with the intermittent character of the dysphagia, there were days on which the sound passed easily, and on other days it could not be passed at all. No blood showed on the bulb. But the dysphagia increased, and it became difficult to pass the sound. Regurgitation of slime occurred, emaciation set in, and finally a gastrostomy was performed, which gave considerable relief to the symptoms. Gangrene of the lung set in some weeks after the operation, and carried off the patient. A post mortem revealed the peculiar difficulty of the case. Progressive ulceration and sloughing of a malignant mass at the lower end of the oesophagus had resulted in the formation of a somewhat irregular

cavity. But on the left side of this a piece of tissue nearly as large as a walnut had escaped and remained attached by a pedicle at its lower part. It was evident that at times this mass lay pressed against the side of the excavation, and at other times fell across the lumen of the tube and blocked it like a ball valve.

The prognosis varies within wide limits. In spasmodic stricture, and in the great majority of cases of impaction, it is favourable. The impacted body may pass gradually into the stomach, or be pushed on into it by the probang; it may be expelled by vomiting or fished up by forceps. It is only rarely that operation is required, but in these cases, and in any case where a sharp or irregular hard substance has been swallowed, the possibility of serious consequences must be borne in mind.

In the case of non-malignant stricture also, the outlook is favourable, if dilatation is begun early and if the patient will return for treatment at the first indication of recurrence. In strictures of the œsophagus, as in those of the urethra, there is always a tendency to recontraction, and the use of the bougie may be necessary from time to time during the patient's life. It must also be remembered that a simple stricture may become subject to degeneration and malignant changes.

In malignant stricture of course the outlook is hopeless. The disease is always fatal, unless the patient is carried off by some intercurrent disease. Life is seldom prolonged for more than nine months from the establishment of wellmarked symptoms, though some cases live for a year or a year and a half.

In any case the prognosis should be guarded, and neither too favourable nor too depressing. A case is on record of death at eighty-four from malignant stricture of the œsophagus, forty years after the first symptoms of obstruction, and another of death at seventy-four, from simple cicatricial stricture in a man who had all his life suffered from a degree of obstruction.

An apparently hopeless case of malignant disease of the cardiac end may get some respite from the sloughing away of a portion of the growth, thus freeing the opening, as is also seen sometimes in cancer of the pylorus.

The treatment of œsophageal obstruction presents as much variety as its causes.

In cases of impaction it is well to ascertain, if possible, the nature of the obstructing body, before making attempts to remove it. In some cases, as in blocking by a piece of meat, the plug can be forced on into the stomach by the probang. The same course may be employed in the case of smooth hard bodies, as marbles. In the case of irregular, or sharp-cornered objects, the use of the probang may be contraindicated, and much force should not be used. If known to be smooth, small and rounded, vomiting may be induced by the hypodermic use of apomorphia, but, as rupture of the œsophagus has been caused by violent vomiting during impaction, this means must be carefully used. When the foreign body is engaged in the upper end of the passage it may be dislodged by the finger or by forceps. In using forceps, or any form of extractor, great gentleness should be employed, as serious injury may be done to the walls of the gullet either by seizing them in the forceps, or by forcibly driving sharp projections, as those of a tooth-plate, through the walls. Various ingenious instruments have been devised for removing foreign bodies. While very useful for its own purpose, the coin-catcher has caused trouble in the extraction of a tooth-plate, becoming entangled in it, so that neither toothplate nor coincatcher could be removed, an embarrassing situation for the practitioner. All efforts may fail to dislodge the foreign body, and an operation becomes necessary. The œsophagus may be opened in the neck. The incision is made on the left side, in front of the sterno-mastoid, this muscle and the great vessels are drawn outward, the trachea inward, and the opening in the œsophagus is made as far back as possible, to avoid the recurrent laryngeal nerve. In this way foreign bodies may be removed with forceps even when impacted as far down as the level of the bronchus, and probably, with the aid of the x-ray, from even lower down. If the impaction is at the lower end of the œsophagus, gastrotomy should be done and the foreign body removed through the stomach, as was first done by Maurice Richardson, of Boston, in 1886. The œsophagus may be reached and opened through the mediastinum, but the condition of the patient is not likely to be improved by this proceeding.

Few of the conditions which cause obstruction by pressure from without are amenable to treatment. Abscesses in the neck should be evacuated, and if in the mediastinum, may be reached by trephining

the sternum or by resecting a portion of one or two ribs posteriorly. In cases of pressure caused by aneurism or tumour interfering seriously with the passage of food, Symonds' œsophageal tube may be introduced. This is a tube of gum-elastic, somewhat funnel shaped at its upper extremity to fit the pharynx, and with a central opening below. Two strings are attached to the upper end. The tube is passed into the œsophagus by the aid of a guide, which is then removed, the strings are fastened to the outside of the cheek or round the ear, and so prevent the tube slipping down, and also aid in drawing it out when necessary for cleaning, or change. Patients have worn these tubes for months.

Spasmodic stricture must be treated on general principles, as a neurosis, but it would be wise to test the lumen of the tube from time to time, as an organic stricture might possibly be forming.

The treatment of cicatricial stricture may be preventive. After laceration by foreign bodies or inflammation caused by their presence, or after the swallowing of corrosive fluids more or less ulceration will occur, and its progress should be watched, and the œsophageal bougie should be used periodically, to make sure there is no contraction, and to overcome it, if it does appear, for considerable contraction of the œsophagus may take place before any symptoms declare themselves.

In the many instances the patient does not apply for treatment until contraction is well advanced, and a considerable portion of the tube may be converted into a tortuous and rigid canal. The whip-lash bougie is of great value in such cases, and filiform bougies may be necessary.

In cases of much difficulty, when once a fine bougie has been passed, it may be well to let it remain in the stricture, for a day or two, when a certain amount of dilatation may take place. When a passage has been effected the dilatation must be carried on if possible, until the natural lumen is restored, and a vigilant watch must be kept for re-contraction. It may be necessary to pass the bougie at intervals for the rest of the patient's life.

If all efforts to dilate the stricture fail, starvation threatens, and the only resource left is to open the stomach. In a few cases this has actually given so much relief to the symptoms that the passage of bougies has become possible, the contraction has disappeared, and the opening in the stomach has been allowed to close. In other cases,

when the stomach has been opened, it has been found that a bougie could be passed upwards from the stomach, and retrograde dilatation has been done on the spot. Or the ingenious method of Abbe may be successful. A strong string is passed from the gastric end of the tube into the mouth and by a sawing motion the cicatricial tissue is divided in several places, and a full sized bougie is passed. In these cases, the opening into the stomach has been closed at once, and further dilatation carried out through the mouth. Where the patient is very much reduced, it is probably safer to perform gastrostomy. It implies less manipulation of the stomach, and a smaller wound in it. There are several methods of performing the operation, and that of Witzel is one of the best. The results are generally satisfactory.

A boy about twelve years old suffered from a cicatricial stenosis at the lower end of the œsophagus, the result of swallowing some concentrated lye. The contraction came on so gradually and painlessly that when a physician was first consulted contraction was extreme, and all efforts to pass even the finest bougie failed. Nothing was swallowed but liquids and of these only a very small quantity could be taken in the twenty-four hours. In spite of the assistance of rectal feeding the condition became serious, and at the time of operation the temperature was subnormal, the pulse rapid and small, the extremities cold, and the patient drowsy. Witzel's operation was done: a full sized Jacques' urethral catheter with funnel attached was stitched into the stomach and food at once introduced. This operation was done eight years ago; the patient still feeds himself through the tube, masticating his food with relish and ejecting it into the funnel. Nothing has passed through his œsophagus during all these years. His nutrition is good, and there is no leakage about the tube.

The treatment of malignant stricture is one of the sad chapters of our profession. We can do nothing but strive to make as comfortable as possible the dreary path to the inevitable end. Resection of a malignant annular stricture has been done, and in one case the patient survived the operation for over a year, but the case was an exceptionally favourable one, and it is not clear that life was really prolonged by the operation or might not have been equally prolonged by the much simpler operation of gastrostomy.

In some cases the patients have been able to wear a Symonds' tube,

introduced through the stricture before it became too much occluded. While this proceeding relieves much of the difficulty of swallowing, it is almost certain to irritate the malignant tissue to more luxuriant growth.

In the majority of cases, at least in those seen before the last stages of inanition and lethargy have set in, it would probably be best to follow the advice given by Robson and Moynihan, and to advise gastrostomy as soon as a positive diagnosis has been made.

There is one thing *not* to do, when once the malignant nature of the case is clear, and that is to make any further attempt to dilate the stricture. This can only result in useless and even harmful irritation.

REPORT OF A CASE OF LYMPHADENOMA OR HODGKIN'S DISEASE.*

By DR. BUTLER, McAdam Junction, N. B.

Before proceeding with this report I wish to apologize to the members of this association for selecting a subject of so little practical importance to the general practitioner, and one that has been so accurately described by most writers of the present day, but with a limited practice of only a few years duration my choice of subjects was necessarily limited, and I therefore selected the one that interested me most not only on account of its comparative rarity, but because of some features that were atypical and not at all common to the disease.

In order to facilitate discussion and refresh your memories, a brief history of this disease might not be out of place at this point.

HISTORY.

In 1669, Malpighi described a condition of general enlargement of the lymphatics with nodules in the spleen, but did not consider it constituted a definite disease. Cragile, in 1628, defined the anatomical structures of the enlarged glands and differentiated between tubercular enlargement and cancer, but to Dr. Hodgkins belongs the credit of first describing, in 1832, the main features of the disease. Since that time many valuable contributions have been made on the subject. A collection of the cases was made by Cornif in 1865, giving a careful account of the pathological anatomy.

In 1878 the disease was discussed by the members of the Pathological Society of London (Trans. Vol. xxix) and a very comprehensive account was given by Sir William Gower the following year. Since then many contributions have been made and yearly one or more cases are admitted to the hospitals.

CHARACTERISTICS.

The chief characteristics of lymphadenoma are a general enlargement of one or several groups of lymphatic glands due to an overgrowth of adenoid tissue, which may later become converted into fibrous, frequently accompanied by enlargement of the liver and

*Read before the New Brunswick Medical Society, July 1905.

spleen, with anæmia and emaciation.

ETIOLOGY.

The etiology is rather obscure. In some cases heredity has been adduced as a possible cause, and an antecedent disease such as syphilis or tuberculosis. Some observers believe that a specific organism is the factor, while Trousseau lays special stress upon local irritation giving rise to local gland swelling. Males are more frequently affected than females, the proportion being 3 to 1. Climate seems to play no part in its development.

Different varieties have been described, but the difference seems to be only in the distribution of the glands involved and the duration of the disease, some cases, especially those following parturition, ending fatally in a few weeks, others lasting two or three years.

SYMPTOMS.

The symptoms are about the same as those to be described in connection with the case to be herewith reported, although pressure symptoms from involvement of the deeper glands are sometimes met with. Usually the cervical glands are the first affected, one side as a rule months before the other. Large tumours ultimately develop, anæmia and emaciation follow, and pain from pressure on nerves. Fever of an irregular, hectic or continuous type with evening exacerbations is generally observed. In some cases ague-like paroxysms may persist for months.

The digestive symptoms are usually not marked.

Albumen may be present in the urine, while inequality of the pupils from pressure on the cervical sympathetic is sometimes noticed.

The skin may be bronzed, and occasionally a troublesome prurigo is present.

PROGNOSIS.

The outlook in most cases is bad—recovery rare, although periods of quiescence are not uncommon.

This report, covering a period of one year and nine months during which time the symptoms were many and repetitions common, will necessarily be somewhat disjointed, but I have endeavoured to piece the several parts and make all as lucid as possible.

The patient (a boy six and one half years old at the time) was first called to my attention by the mother in September 1901, on account of a superficial swelling about the size of a walnut, situated on the

right side of the neck, at the anterior border of the sterno-mastoid muscle in its upper third, fusiform in shape, hard and freely moveable. No constitutional symptoms evident. Considered it a tubercular adenitis and advised usual treatment.

FAMILY HISTORY.

The ninth child of a family of ten, six of which were living and well in 1901. One (the oldest) has since contracted pulmonary phthisis. Of those dead, one died in infancy, one after a lingering sickness from disease of the spine, and two from what was supposed to be poisoning from canned goods. Father died in 1900; diagnosis uncertain, either consumption or cancer. Mother living and well. Two uncles living, blood condition very unstable. Grand parents reached old age. Great grandfather on mothers side, a sea captain for years, dying at the age of 40, cause unknown.

PERSONAL HISTORY.

Family in good circumstances; food, clothing and surroundings of the best. From birth patient was always considered delicate but had few sicknesses and played around with others until within a few days of death.

PAST ILLNESS.

When about one year old, contracted measles; later at four years of age, scarlet fever, from which date a swelling the size of a bean was first noticed and called to the attention of the physician in charge. This continued to increase, although marked by periods of diminution until 1901, when he first came under my care.

PERSONAL CONDITION IN SEPTEMBER 1901.

With the exception of tumour referred to and somewhat lowered condition of the blood, the boy appeared in good health. Appetite good, skin clear and all systems apparently normal. Weight 50 lbs. Mental faculties unusually bright, remaining so until the end. Under tonic treatment general condition improved, weight increased, swelling became reduced and throughout the winter he attended school, walking $1\frac{1}{2}$ to 2 miles daily, but with the return of warm weather (May 1902) he again began to fail, weight diminished, and anæmia with its accompanying symptoms became marked. The swelling increased in size and new glands became involved, those in the upper part coalescing to form a mass, the size of a hen's egg, hard and movable,

with a soft spot in the centre slightly softer than the surrounding parts. The large tumour above extended into posterior triangle, and three or four glands, from the size of a marble to a pea, hard and freely moveable, extended downward, while some infiltration of the parotid was evident. Pain relieved on pressure was complained of in the central line of abdomen midway between umbilicus and pubes, and several glands of small size could be palpated, apparently retro-peritoneal. The abdomen was flat, no tympanites present, spleen not palpable, temperature of an irregular type ranging between 99° F. and 104° F., pulse 120 to 140. Appetite poor and capricious, bowels somewhat constipated. Of nervous phenomena, increased irritability and peevishness were noticeable. The skin showed a slight bronzing and complaints of itching were frequent. From the 15th. of July until the 31st. there was an exacerbation of all symptoms with an irregular pyrexia gradually rising until the 21st, then dropping by lysis, marked by a rise at different parts of the day. Then rapid improvement commenced, independent of special treatment, which continued until December (1903), patient attending school a few days during that time. Then health again failed and the cyclic condition recurred with increased violence. The original enlargement, increased in size, was of stony hardness yet freely moveable, and new glands, extending inward to the middle line and downward almost to clavicle, developed. The general conformity of abdomen remained the same, but severe pain was complained of and new glands larger than on former occasion were present.

The examination of the urine showed a diminished amount of acid reaction. Specific gravity 1016, a trace of albumen and pus present.

There was difficulty in micturition and on examining penis a phimosi almost obliterating the urethra was revealed. Under ether was able to break down the adhesions and push prepuce over glands. Returning eight hours later found that the boy had not urinated on account of the inflamed gland, and ordered a hot bath as a temporary relief. In a short time urination was possible, pain in abdomen ceased and two days later glands were no longer palpable, while those in the neck were apparently smaller. Improvement continued until spring of 1903. In April another severe attack occurred, followed by improvement which continued until June 1st. 1903, when symptoms exaggerated more than on any former occasion returned. Many of

the glands in the neck joined to form a large irregular mass, the size of an orange or larger, extending over the angle of jaw and overlapping trachea, and a new growth of the same nature was evident in the anterior triangle of the left side. In the abdomen the pain was intense, glands much larger than on former occasions, and spleen palpable for the first time. A grave anæmia was also present and emaciation extreme. The blood count showed nothing characteristic. Hæmoglobin low, red corpuscles 4,000,000, white corpuscles 8,000 and a number of lymphocytes. Throughout June and July the disease progressed and on the 16th. of June he was taken to Somerville, Mass. where the diagnosis was confirmed. Returned July 1st. On the 8th took to his bed, and died, on the 13th. of general asthenia.

TREATMENT.

The treatment at first consisted of tonic preparations of iron, quinine and strychnine, nourishing food and plenty of air. Later, after July of 1902, of arsenic in ascending doses. Codeine and morphia when required. Hot baths were also instituted with apparently beneficial results, but were only given in a desultory way by parent. The drugs seemed of little avail, improvement occurring only when paroxysms had abated.

THE DIFFERENTIAL DIAGNOSIS.

At first a diagnosis of tubercular adenitis was made, but later after considering the different glandular conditions decided the case one of lymphadenoma. Before arriving at this conclusion, eliminated the following diseases: acute adenitis, tubercular adenitis, sarcoma, spleno-medullary leukæmia, spleno-lymphatic leukæmia and syphilis.

ACUTE ADENITIS.

Only a passing thought was given to acute adenitis, as skin, teeth and tonsils showed no avenue for the invasion of micro-organisms. The growth was slow and painless, with no inflammation of the surrounding tissues.

TUBERCULAR ADENITIS.

Between tubercular adenitis and Hodgkin's disease the differentiation was not so clear and for several months the case was treated for the former, but the site of glands in anterior and posterior triangles and not in sub-maxillary, their increase in size, hardness and numbers

without ulceration, suppuration or softening; the accompanying pyrexia, anæmia and emaciation, and subsequently the development of glands in the abdomen with pain over region and none of the usual signs of a tubercular peritonitis made the diagnosis seem probable.

In contradiction to this, spinal trouble in the brother, a possibility of consumption in the father, and later phthisis in the oldest brother would seem to indicate a tubercular condition, but the course of the disease not yielding to anti-tubercular treatment would seem to confirm the diagnosis. The anti-tuberculin test was not tried.

SARCOMA.

As a rule the extension of sarcoma to neighboring glands is much slower and once established there is no diminution in size.

SPLENO-MEDULLARY LEUKÆMIA:

In spleno-medullary leukæmia the spleen is generally enlarged before the glands, and the blood is characteristic showing an excess of leucocytes (myelocytes). In this case no change occurred in the spleen until near the end and blood was little changed.

SPLENO-LYMPHATIC LEUKÆMIA.

With spleno-lymphatic leukæmia simultaneous enlargement of the spleen and glands usually occur.

SYPHILIS.

Syphilis could be excluded from the history alone.

Before closing will point out three etiological factors that may have played a part in this case. 1st.—From birth the child was anæmic and delicate, certainly a suitable subject for the invasion of any specific organism that might as some believe be a causal factor in its production.

2nd.—A family history of tuberculosis and enlarged glands of four years duration, an unusual duration of time for lymphadenoma, would suggest an antecedent adenitis of tubercular origin.

3rd.—Two uncles on the mother's side with decided instability of the blood and a great grandfather dying at forty after following the sea for years might indicate a strain of syphilis transmitted through four generations.

With the exception of, the rarity of the disease, in this case the only facts noteworthy were its duration, extending from 1899 to 1903, a period of four years, and its tide-like rise and fall in severity, three or four months usually elapsing between each exacerbation, two or three weeks at its height, then rapid recovery but ever increasing in violence until the end.

ECTOPIC GESTATION.—REPORT OF CASE.

By G. H. MURPHY, M. D., Old Bridgeport Mines, C. B.

Mrs. S., age 33, stout, weight 198; menstruated first at 13 and has always been regular. Married at 18, and is now mother of 8 children. A healthy robust woman who apart from the diseases of childhood and ailments incident to pregnancy and parturition was never sick in her life. Menstruation always came on about 10 months after labour, during lactation, and was orbitory in character lasting from ten to twelve days, although her usual menstrual flow covered but three days. There was no hæmorrhage during this unusually long period, and she came to regard it as a perfectly normal occurrence, as after the re-establishment of the function she suffered no further inconvenience until pregnancy intervened.

She was nursing a ten months old baby, when on the evening of January 10th, last, she was suddenly seized with severe pain in right side, vomiting and headache. She was put to bed, hot fomentations applied, and after some hours the pain abated to some extent. I was called the first time on the following morning. I found the patient vomiting, tongue coated, temperature 103° pulse 115. She still complained of pain in right hypogastric region, and that during the night she had chills. Palpation showed tenderness in region of McBurney's point. The tenderness was not definitely localized over region of appendix, but extended more or less over the whole right hypogastric field. Taking this evidence together with a history of constipation into consideration, I concluded the woman was suffering from acute appendicitis. I gave an enema with good results, applied an ice bag over appendix, gave morphine to relieve the pain and came away. On my visit next day I found my patient much relieved. Temperature had dropped to 100°, pulse 90, no vomiting, and apart from a indefinite soreness in same region she felt comfortable. She mentioned that she had begun to menstruate during the night, stating that this was the usual time for its occurrence and that it usually lasted 10 or 12 days. I advised her to wean the baby, gave instructions about the diet, and ordered a daily enema. The next day

she was feeling very well and I came away telling her husband to send for me if any unfavourable change occurred.

During the three weeks following I heard from the patient through her husband, who said she was able to attend to her household duties, but had spurts of pain occasionally, that soon passed off.

On February 20th., I was called again. My patient told me that while walking about the house she was seized suddenly with sharp cutting pains in her right side, and it gave her all she could do to crawl to bed. She also told me she had considerable bloody discharge from the vagina, and that after this appeared the pain got better. She stated, too, that during the spurts of pain she had experienced during the previous weeks a bloody vaginal discharge would appear, and the pain always got better then. Had occasional chills, temperature 101.5°; pulse 95. On palpation I failed to find much if any tenderness. The abdominal muscles were rigid here, and I even detected a tumor like mass through her thick abdominal walls. A vaginal examination showed a soft flabby uterus apparently considerably enlarged. The pain and tenderness on attempting to palpate the right tube and ovary prevented much investigation here, but I could detect a considerable swelling in region of right Fallopian tube. Tho' hampered by the early history of the case, particularly the rather high temperature, I was now being gradually but irresistibly borne to the conclusion that the case was one of tubal pregnancy, and that rupture had not yet taken place. I advised that the patient be removed to the hospital, stating that an operation might be called for at any moment and insisting on the importance of having the patient where this could be efficiently performed. This was refused by her husband; so I had to content myself with watching the case from day to day and conjuring up visions of impending disaster.

On March 1st, I was hastily summoned and found my patient suffering severe pain. The attack was much like the previous ones but more severe. She complained of a peculiar weighty sensation in lower part of rectum, and also that she experienced considerable pain in micturition. Pulse 90, temp. 105.5°. I made a vaginal examination and found a large boggy mass filling up Douglas's cul-de-sac. It seemed evident that rupture had taken place and outside the broad ligament too; yet there wasn't the slightest evidence in the patient's general condition to indicate that a severe or moderate hæmorrhage had occurred. She declared that she didn't feel weak

and that she experienced no feeling of faintness during the paroxysm of pain she had gone through. There was apparently no crisis, yet the evidence of rupture in Douglas's cul-de-sac could'nt be gainsaid. Next morning I arranged a consultation with Dr. D. S. McKay, Reserve Mimes, and we both urged the necessity of an operation. The patient entered St. Joseph's Hospital, Glace Bay, on March the 3rd and the operation was performed the following day. A large amount of clotted blood was found filling up Douglas's cul-de-sac, in which was found the foetal sac. The sac which was somewhat larger than a hen's egg, had ruptured, and the foetal contents could not be discovered. The rupture in the tube was in the direction of its axis and was about one and a half inches in length. The tube and ovary were tied off and removed, and the abdominal cavity flushed out with normal saline. The woman left the hospital five weeks after and has since been in the best of health.

The comparative rarity of cases of ectopic gestation, together with some difficulties in the way of arriving at a correct diagnosis in the present instance, furnish my apology for reporting this case. There was no history of missed menstrual periods to start with. The high temperature, too, which was a strong factor in determining my diagnosis of appendicitis at the start, is I think a very rare accompaniment of tubal pregnancy, and seems to me difficult of explanation. The woman is not of a neurotic temperament either. The complete absence of shock after there was clear evidence of rupture and hæmorrhage was another perplexing though grateful manifestation. Although at the time when I made the diagnosis of ectopic gestation the evidence was pretty clear, there were still enough eccentricities about the case to impress vividly upon my mind that the inspiration for diagnosis, that comes to one after reading text-book chapters on the subject, is often grimly inadequate when required to interpret the actual manifestations of this particular prank of nature.

SURGICAL DIAGNOSIS.*

By E. T. GAUDET, M. D., 1st Vice-President of the New Brunswick Medical Society,
St. Joseph, N. B.

In order that I may not be misunderstood it will perhaps be well for me to define my position. An exact and complete diagnosis is perhaps to be desired and sought after in all cases, but such a quest should not be pursued to the detriment of the patient.

That an overweening desire for an exact and complete diagnosis not infrequently leads to a fatal delay in operating is a fact that all surgeons of experience can attest.

A diagnosis which will lead to correct treatment is sufficient. The diagnostician's object should be the truth for the patient's sake, not the truth for truth's sake; in other words, our aim should be a diagnosis for the patient's sake, rather than a diagnosis for the science's sake. I am heartily in favor of all scientific investigations which have for their object the increase of knowledge, and especially am I anxious to encourage all medical and surgical research, but I insist that such search and investigation must not be carried on to the patient's detriment.

A timely working diagnosis is of more value to the patient than a delayed one that is complete. Given a case of obstruction of the bowels. The question often arises, is it due to invagination, or volvulus, or bands, or adhesions producing strangulation? Now it makes not one whit's difference to the patient which of these conditions exist, nor does it to the surgeon. The patient wants the obstruction relieved, and the best way to do it is through an open abdomen, no matter which of the above mentioned conditions exist. The coeliotomy clears up the diagnosis and determines the nature of the further operative technique. A man falls from a height and is immediately paralyzed from the waist down. In so far as the patient's good is concerned what difference does it make whether the paralysis is due to a depressed bone fragment, a clot, a dislocation, or even a destruction of the cord? In either event operation is the best treatment, for it offers the best chance for recovery in case of pressure on the

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cord from any cause and does no harm if the cord is destroyed. On the other hand to delay operation with a view to reaching a correct conclusion as to the nature of the injury to the cord may be to delay until pressure which might have easily been relieved has produced degeneration. A man gets a blow on the head or a fall and presents the well known symptoms of cerebral compression. From a scientific aspect it would be very interesting to determine, before operating, the exact nature of the lesion, but practically it makes no difference whether the symptoms be due to an epi- or sub-dural clot or a depressed fragment of bone. In either event the proper thing to do is to operate. It were better to open a dozen skulls to find no lesion requiring surgical intervention than to delay in one case demanding it. Many surgeons are urging the necessity and the advisability of early exploratory operations on the skull and spine under the same circumstances as exploratory operations are done on the abdomen, and many of their subsequent experiences confirm the belief that the general adoption of this rule would save many lives and much morbidity.

A child is threatened with suffocation from an acute laryngeal trouble. Better to put a tube in the child's throat, and give an injection of antitoxin, forever remaining ignorant of the exact nature of the trouble, than to wait twelve hours for a culture and sign a death certificate as a consequence of the delay.

With the bulk of the profession, and especially with the laity, there is still too great a tendency to turn to surgery only as a last resort. This tendency is growing less each year, to be sure, but in it to-day may be found the explanation of the loss of many lives and the existence of much unnecessary suffering and disability.

I know of nothing that will better illustrate the baneful effects of this tendency than to recite a personal experience in connection with an appendicitis case in the summer of 1902. While away in the neighboring republic, I was present at the treatment of six cases of appendicitis which I followed for over two weeks. One only was an early operation and was closed without drainage. The other five required drainage for the extensive suppuration, and in three cases fœcal fistulæ exist. In two of these cases practically all the fœcal matter was passed through the abdomen for a time. A case taken into hospital about the same time and in much the same condition as

the five, died within thirty-six hours after the operation. We have had here then one death, and five cases of unnecessarily prolonged and very trying invalidism, which might have been prevented by prompt action and prompt diagnosis. Nor is this all. It is almost certain that two or more of these cases will, within five years, develop hernias which will need operation, and not at all improbable that one or more may develop intestinal obstruction. In a recent paper (International Clinics, July, 1904) an eminent surgeon points out the fact that according to published opinions of writers upon the subject a death rate of over $33\frac{1}{3}$ per cent. attended uncomplicated sub-parietal injuries of the kidney, and stated it as his opinion, based upon a study of the literature and his personal experience, that the mortality was unnecessarily high and could be materially reduced by earlier operative interference; which is equivalent to saying that an earlier diagnosis can be and should be made in these cases. The best way to cure a carcinoma or sarcoma is to remove it thoroughly before you are certain that it is either. To await the development of positive signs, or to depend upon examination of specimens removed by a harpoon or similar device is silly and dangerous. Given, for instance, a suspicious tumour of the breast; if it occur in a woman past twenty-five years of age a radical operation along the lines laid down by Halstead should be done. If such a tumour should occur in a younger woman it should be removed entire, but with a view of saving as far as is possible, the center of the breast, after which it should be thoroughly examined with the microscope. If this examination proves it to be malignant a radical operation should at once be done, but if it be proven benign, then no further operation is necessary.

Save through exploratory cœliotomy. And in each and all of these conditions the only salvation of the patient lies in timely operation. In conclusion, I would like to impress the fact that delay is responsible for a larger number of surgical failures than all other causes combined, that this delay often is unwarranted and unnecessary if we fully appreciate the fact that an adequate working diagnosis need not necessarily be a complete one, and that surgical exploration is oft-times the best means of arriving at a diagnosis.

'Tis better to cure a patient without a diagnosis than to bury him with one. Personally, I much prefer being alive and undiagnosed than to being diagnosed and dead.

PRE- AND POST-OPERATIVE RADIATION FOR CANCER.*

By J. J. CORBETT, M. D., St. John, N. B.

In the great world wide campaign now being waged upon this terrible disease cancer, new weapons are taking the place of the old ones in some cases, and in other cases, the old and new weapons are united in one grand effort for victory.

In the past we were only able to attack cancer from one position, *i. e.* the front. Now, like mighty armies opposing each other on a battlefield, who not only make frontal attacks but each try to surround the other so as to take the enemy in the rear, we not only attack cancer by the front as in surgery, but we are able to give drugs, which being absorbed into the system will fluoresce inside the human organism, and when reinforced by an attack from the outside by x-rays for a month or two will simplify the surgeon's task and make victory possible.

In my paper to-day I will not have time to speak of another weapon, radium. The remarkable case of Prof. Wm. R. Harper, President of Chicago University, who having abdominal cancer put himself under the care of Dr. Wm. Morton, of New York, and who has been reported cured or very much improved by the liquid sunshine treatment, has sent many new investigators into this field.

I will not even attempt the ætiology or symptomatology of cancer, but taking it for granted that we have a case of superficial or deep seated cancer which we are treating by x-rays, we may like to know what effect the x-rays have.

Experience has taught those who made use of the x-ray immediately after its discovery that its action was dangerous to normal tissue, but not to the same degree as to abnormal tissue. What produces this effect seems to be demonstrated by its action upon various conditions. It has been proved that protoplasm contracts when exposed to the x-rays, whether from the stimulating action due to intense vibration or some other specific action of the rays is not known. The contraction of the muscular structures of the circulatory apparatus at first lessens, by giving tone, and later completely occludes the lumen of

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the vessels, to a degree in proportion to the extent of the exposure, which varies with the condition of the rays, the character of the structures exposed, and the capacity of the blood vessels. The larger vessels are not occluded to the same extent, relatively, as the smaller, and the arteries deeply placed are affected relative to the depth of the tissues and intensity of the radiance. It seems also that in the intervals between exposures there is a disposition for all the structures to resume a normal condition, hence, in the longer intervals between periods of exposure, the arterioles gradually relax and resume their function, and tissues that have not perished are restored. Under such process of tissue change the cancerous tissue element will have perished while normal structures recover.

The effect of breaking down a sarcoma or carcinoma, deeply seated or superficial, is to induce a degree of auto-infection which may imperil the life of the patient.

When drainage is possible, except in the alimentary tract, in which absorption will invariably take place, the prognosis may be fairly good. Experience has taught that a malignant growth breaking down or discharging into the alimentary canal is certain to be followed by dire results.

A tumour in the abdominal cavity may break down and discharge its contents into the peritoneal cavity, and thus be followed by fatal peritonitis. It thus becomes incumbent upon the attendant to weigh well every feature of effect and possibility of the results, when treating an abdominal cancer.

Whenever a malignant tumour, except one of small size, appears, the indication, if operable, is for its removal after a period of raying consistent with the indications of the case, usually for a period of 4 to 6 weeks. The disposition to-day is to use radiations of less intensity than formerly. Some early cases of epithelioma were x-rayed to produce a caustic effect; no one follows this technique now. A common practice a year ago was to x-ray to the point of severe dermatitis, namely a second stage with formation of vesicles and serious effusion; to-day mild dermatitis for the first series of sittings only is allowable. Again the x-ray was employed over a long period of time, viz., so many months. It is now a question of carrying the x-ray sequences of sittings along for a maximum of 4 to 6 weeks and then allowing an interval of half this period of time at least to watch for repair or cure.

It is a sad fact that one may carry the treatment of a facial

epithelioma steadily up to a point of complete cicatrization and cure, and then by prolonging treatment see the entire area break down again into a condition worse than at the start.

The moral of this experience is to know when to stop the application, and also in this class of cases not to x-ray except gently. Experience had to be gained, and it is now gained in many instances.

The main feature of successful technique is to standardize it, to measure accurately each step of the administration, pursue a steady cumulative treatment, each step of advance the same as the last one, until an end result judged of by the skin reaction is reached.

If some regular method as above outlined were adopted we should hear no more of those distressing cases of x-ray burns which are continually cropping up.

I would like to dwell more particularly on a new therapeutic method of treating cancer, as perfected by Dr. Wm. Morton of New York, It is the saturation of the human organism in whole or part with a medicine endowed with the property of fluorescence or phosphorescence, and then submitting the patient to the action of the x-rays or the radium radiation or the high frequency current. It is therefore a combined treatment. Dr. Morton calls it "artificial fluorescence." The sum total of his object was to develop light within tissue in the confidence that the well known external effects of this agency might now be duplicated internally, and especially in the expectation that certain wave lengths of the visible spectrum, like the blue-violet and yellow-green, might exert specialized effects. But it is obvious that the wave lengths of the visible spectrum cannot be reasonably supposed to be the sole out-put and resultant of the absorbed energy of the x-ray and of the radium radiation. Effects therefore may be attributed to transformations into other wave lengths, as for instance the ultra-violet or even into the well known secondary radiations lower in wave length than the x-radiations but still akin to them in their property of not being refracted and dispersed, as are the violet and ultra-violet. These secondary radiations in their turn set up fluorescence. The main point is that by reason of medicine administered to the patient a new set of radiations is set up within his tissues and that the most obvious of these radiations is light itself or closely akin to it.

We have not time today to consider the steps leading up to this plan, but they have been most interesting and have proven beyond a

doubt that artificial fluorescence and x-radiation is founded upon solid physical basis. To accomplish our purpose we must give medicine internally, and the said medicine must be harmless and have the power of fluorescing, and a radiation must be used which is able to excite fluorescence deep in the tissues of the body. The Finsen light radiation will not furnish the penetration needed so we must resort to x-radiation or radium.

Fluorescence is the property which substances have of absorbing invisible or visible rays and giving out visible light. The fluorescent substance does not give out the same wave length as that which it receives. Fluorescence and phosphorescence are much alike, the former lasts only so long as the exciting cause is maintained, the latter endures after the excitation has ceased. Fluorescence is only phosphorescence of short duration.

Dr. Morton holds the view that the effects of x-ray may be due to fluorescence of the tissue elements themselves, as we have natural fluorescence of the tissues of the body. It has been proved that the crystalline lens of the eye was fluorescent, and the aqueous humour less so; also that man and all animals possess in every part of the body a fluorescent substance resembling quinine.

Among the liquid fluorescent substances may be mentioned quinine, esculin, fraxin, eosin, fluorescein or uranin, rhodamin, cochineal, copper potassium chromate, gentian, henbane, litmus, naphthalene red, paraffin, petroleum, stramonium, tumeric, indigo, safranin, paolin magdala red, thallin, resercornfin, resorcin blue, and some of the salicylates.

It was quickly found that while the above substances were fluorescent to daylight a great variation in their capacity for fluorescence existed when exposed to x-ray and radium radiation. Some substances not fluorescent to sunlight are vividly fluorescent to the x-ray and to the radium, and vice versa.

The effect of light on animal organisms, including man, forms an interesting chapter by itself. Light acts as a stimulus to the animal functions, darkness hinders and prevents the growth of many of the lower forms of animal life. Young mammalian animals, including children, develop more perfectly in light. Light stimulates the action of unstriped muscular fibre; also pigment cells. It modifies the quality of the skin, reducing protoplasm to keratin, and will produce an intense inflammation of the skin. The haemoglobin gives off its oxygne

more quickly in light than in darkness, hence light increases the oxidizing power of the blood and correspondingly the process of oxidation in the human body. Many experiments tend to show that light also modifies metabolism by direct action on cells. Some deny this.

What is the application of the above to disease, more especially cancer? It is not a little curious that the very diseases amenable in greater or less degree to radiation treatment are those hitherto least amenable to any treatment. Such are some forms and stages of sarcoma and carcinoma, lupus, tuberculous glands, eczema, psoriasis, keloid, leukæmia, amoebic dysentery, alopecia areata, and chronic blepharitis.

SARCOMA.

Very many cases of sarcomatous growths have been cured. On the other hand, innumerable other cases have not been cured. Why this difference? This answer cannot be given. We can only say that the law of control in these cases is unknown. There is ground for hope that it may yet be discovered.

CARCINOMA.

Many cases of primary cancer of the breast have been reported cured, and also a large number of failures. An analysis of the success and failures show this among other things. If the initial tumour is seen early and is small, a cure may occur even if the lymphatics are indurated and swollen glands exist in the axilla. The lymphatics and glands quickly become apparently normal and the small tumour slowly disappears, but on the other hand a certain type of flat, disk-shaped, and not very large adeno-carcinoma will go on growing in size and invasion in spite of the most persistent use of the x-rays or radium. Why? We do not know. Or again a certain type of medullary or infiltrating tumour, "cancer foudroyante" (rapid cancer) will go on to a general metastatic infection regardless of radiation treatment. This type cannot be arrested by radiation. I think most surgeons will also admit that operation would not in the same class of cases have saved the patient's life. Again a large carcinoma (scirrhus) will not notably diminish in size and disappear under radiation. What will happen is a great reduction in the softer outer edges of the tumour, and its reduction to a harder and more clearly defined mass, and at same time a disappearance of the cord-like lymphatic vessels and enlarged glands. What then should be done in such cases?

The tumour is now simply a foreign body. Radiation will not remove it. It must be removed by surgical operation. A cancer is a most dangerous foreign tenant and must be cut out. But, and it is a very big but, the cutting out process carries with it another most dangerous feature and that is the incision of the lymphatics, to say nothing of innumerable small infected glands, impossible in many cases to dissect out. On the other hand radiation will not remove the tumour, but and this is equally a very important but, it will clear up of cancer cells all the outlying territory right up to the tumour itself, and now an operation can be a comparatively safe one. Therefore we should practice x-radiation thoroughly say for 6 or 8 weeks *before operation*, and practice as well after operation for about the same period of time.

By radiation treatment, we do not mean a destructive effect, but a radiation which just falls short of producing a mild dermatitis in from four to six weeks. With this degree of radiation the lymphatic vessels cease from being sensitive to the touch and cease to exhibit signs of inflammation, and if the axillary glands may not in this period of time subside, it is probable that they do not hold active cancer cells.

You may remark how do we know that the outlying areas of cancer infection are neutralized of infection and that the seat of the disease is again localized as in its beginning. We reply:—

I.—By the facts of the observed effect in many cases of recurrent cancer of the skin where this may be actually and visibly studied and may be verified by palpation. Nothing is more common in the history of radiation than to see large areas of skin infected by carcinoma clear up leaving a healthy skin.

II.—By the early cure of recurrent cancer in cicatrices.

III.—By the observation of the behaviour of cancer of mucous membrane where, under the radiation, a distinct line of demarcation unfolds itself between the affected and sound mucous membrane and by that sign affords a new indication to the surgeon where to incise.

IV.—By palpation of indurated lymphatic vessels in breast cancer.

What surgeons would prefer to cut through infiltrated lymphatics when he could later on cut through flexible and disinfected lymphatics? Some may object that a wound will not heal as well after radiation. Grant the full weight of the objection and I would reply better a slow healing than a recurrence, but this objection is not a

valid one as there is no delay in the healing process after radiation. Taking a broad view I believe that the best interests of the patient demand a combined treatment; early radiation and early operation. In short preoperative radiation should precede every operation for cancer with as much reason and force as preoperative aseptic and antiseptic cleansing of the skin to be incised. Radiation treatment exerts a retarding effect upon the growth of some cancers.

It cures some cases. The ratio to operative measures is not here discussed.

Preoperative radiation will increase ratio of cures by operation.

Preoperative radiation transforms some inoperable cases into operable ones.

Preoperative radiation is recommended as a precautionary measure probably quite as important as preoperative antiseptic preparations for surgical operations.

Now, ladies and gentlemen, you see that by the foregoing I am not exploiting a specific for cancer. First, before we can produce a specific, our pathologists and bacteriologists must produce the evidence needed as to the cause of cancer. But I am of the firm opinion that the two most dread diseases *i. e.* tuberculosis and carcinoma, are in some unknown way related to each other and that the time is not far distant when we will know the true cause of cancer as we now know the true cause of consumption.

But are we to stand idly by till some one of our German confreres makes that discovery? When we have so many cases on hand, what is our obvious duty? I claim and I think I claim fairly that physicians in general practice have not the time and means for investigation. But what of our medical schools and hospitals?

Bringing it more closely home are we here in New Brunswick doing anything to help to discover the cause and cure of cancer? We say that we have not the facilities; is that true? We have pathologists and bacteriologists and several radiologists and surgeons connected with our hospitals. What more do we want? Why should we wait any longer for others to do the pioneer work? Why not let us do our share? Let us be investigators.

My plea to-day is for pre-operative and post-operative radiation for cancer and all malignant neoplasms, and also for pre- not post-pioneer work, in all branches of medicine and surgery. Let us start and try to be discoverers. I know that I have not brought anything very new before you, nor is it very old, but in all your cancer cases I beg of you for the sake of your patients, that you practice artificial fluorescence with preoperative and post-operative radiation.

REF:—Morton (Medical Record, March 25, 1905; Journal American Medical Association, April 1, 1905): Snow.

PROVINCIAL MEDICAL BOARD OF NOVA SCOTIA.

REGISTRAR'S REPORT, 1904—1905.

During the year ending June 30th, 1905, there have been held six meetings of the Board. The two additional meetings were necessitated by the large amount of business that was on hand at the annual meeting last July. The total attendance at these meetings amounted to thirty-seven, making an average attendance of about six members, not as large as should be expected out of a membership of thirteen. Early in the year the vacancy caused by the death of Dr. D. H. Muir was filled by the appointment of Dr. P. N. Balcom, of Aylesford. It was of course known that it would be a difficult matter to find anyone who would be so punctual in attendance and so energetic in all matters relating to the business of the Board as Dr. Muir, but it is a matter of regret that not a single attendance has been recorded as yet for his successor. With this year also expires the term of service of six members appointed by the Nova Scotia Medical Society. It is hoped that all new appointees of the Society will take a more lively interest in the affairs of the Board than was done by some of the previous representatives, one at least of whom never attended a single meeting during his term of office.

Several cases of irregular practice have engaged the attention of the Board during the year and more or less active legal proceedings have been particularly satisfactory in their financial aspect. [1] With regard to Dr. Wm. M. Whelan;—at the time of last report he was not only defying the Board in persisting to practise, but was attempting to secure a mandamus to compel the Board to register him. His application was rejected by Judge Meagher and he became of course liable for costs, but all efforts to recover these have failed and in fact it would appear that practically the Board is helpless to stop Whelan and men like him unless the Act can be so amended as to make such persistent violations of it quasi-criminal and punishable by imprisonment. [2.] J. McD. Roy has also several times been reported as practising in several places in the western part of the province,

especially in the County of Digby, and proceedings have been more than once authorized against him, but nothing definite has been attained, chiefly, as it appears, through the difficulty of securing satisfactory evidence. [3.] Endeavours have been made in various ways to put an end to the practice of Rev. W. J. Arnold, of Margaret's Bay, but as no assurance could be placed upon his positive assurance that he would desist, the Board's counsel has been definitely authorized to proceed against him in open court. Drysdale and McInnis have accepted the defence but the matter has not yet come to trial. In the meantime Dr. Farquharson has left the district. [4.] The most prominent case the Board has had to deal with has been that of J. Drummond, a veritable quack, who was "doing" the towns along the western shore. Complaint was especially made to the Board by the Lunenburg County Medical Society. Before anything could be done with him in Lunenburg he left for Halifax. On his arrival here he called at this office and made extravagant claims as to his right to practise under British qualifications. He could not at that time produce any paper or certificate of any kind to substantiate these claims, but left promising to return with same that afternoon. The Board's counsel was immediately notified of his arrival in town and a watch was put upon him when it was ascertained that he was about to leave. There was no time to secure the papers necessary to have him arrested, but a writ was served on him as he was leaving the railway station. He was very loud in protesting his intention of returning and entering appearance to same. This he did not do and the case going by default our counsel filed a statement of claim and applied to the judge to determine the amount of judgment that should be entered against him. On the first of June judgement was entered against Drummond for \$1500.00 penalties and \$61.00 costs. The probabilities are that Drummond will not be heard from again, but at any rate the Board is now in a position to collect this amount from him should he show up anywhere in the British Dominions.

The professional examinations for the License of the Board have been held this year under the same conditions as adopted last year, that is, for registration in Nova Scotia examinations have been required in final subjects only, but arrangements were made to hold examinations in the other subjects also in cases where candidates wished to satisfy the requirements of other Boards. Somewhat lately it has

transpired, however, that registration in the North-West Territories could be accomplished simply on the official certificate. A great many Nova Scotia practitioners are taking advantage of these conditions which will hold good at least until the newly created provinces of the west, Alberta and Saskatchewan, shall have enacted special legislation in the matter.

During the year a petition was presented to the Board by the Nova Scotia students in attendance at McGill, asking that the date of the professional examinations be changed from April to June. The request was refused, the Board deciding to adhere to the dates which have been recently adopted, namely, the last Wednesday in April and the first Wednesday in September. As a special report of these examinations are submitted by the Education Committee, it may be simply stated here that during the year twenty candidates have taken these examinations and secured the Board's License. Only one candidate took the second professional examination. With reference to these examinations, in last year's report mention was made of the fact that the question of holding in some way a conjoint examination by which candidates should secure a Collegiate Degree at the same time as their Provincial License, was under consideration. It is satisfactory to report that what then appeared as objections to the scheme have been entirely removed and that things are in such a position now that this method may be brought into working order at the Autumn examinations.

With regard to reciprocity in registration there is nothing to report either as regards Interprovincial Reciprocity or the recognition of Canadian Degrees in Great Britain except as already stated, the Nova Scotia certificate allows candidates to register in the North-West Territories without examination.

Further attention was given to the question of Medical Witness Fees and a bill bearing on the matter was again introduced into the Legislature at its last meeting. This bill was, however, so much altered by the committee that the promoters thought it advisable to have it withdrawn altogether.

The attention of the Board was also drawn to the action of the so-called opticians and a committee was appointed to prepare a public circular in connection with the matter when it was found that these persons were taking a still more aggressive position, in the way of

endeavouring to secure legislation to legalize their practice. The attention of the Board was therefore concentrated for the time being on the defeating of this project and with the assistance of the profession generally the bill was thrown out. The matter of the circular still stands as at first.

The Preliminary Examinations have been held as usual, with Local Examinations at Pictou and Yarmouth. The following are the general results :

Date of Examination	Candidates,	Passed,	Passed in all but one,	Failed
August, 1904.....	13.....	7.....	2.....	4
May, 1905.....	4.....	4.....	0.....	0
Total, 1904—5.....	17.....	11.....	2.....	4
Total, 1903—4.....	27.....	13.....	1.....	13

The results show that the total number of Candidates was much smaller, but that the percentage of those who passed was much greater this year than last. Detailed results of each candidate are submitted for reference in connection with the Education Committee's Report. Including those who took the Board's Preliminary Examination above and those who have been exempt by recognized certificates, twenty-seven names have been added to the Medical Students' Register, being fewer by two than the registrations last year.

At the professional examinations in September, 1904, and April, 1905, as mentioned above, twenty persons secured the Board's License and of these nineteen were subsequently registered. In addition to these three others were registered without examination, two in accordance with previous decisions of the Board and one by reason of his holding a British Registration Certificate, so that the total number of registrations for the year was twenty two, being one less than the number of additions last year. During the same period five names were erased, which is one less than during 1903-4, so that the number of names on the register is only increased by seventeen. The erasures are all on account of death and were as follows :

- Dickie, Edwin Egbert, M. D., C. M., Dal. Univ., 1903 ; Lic. P. M. B., N. S., 1904, Wolfville, Kings.
- McDonald, Daniel, (Sec. 37 Med. Act, 1872) Pugwash, Cumb.
- MacKay, John Hector, M. D., Coll. P. & S., N. Y., 1868 ; L. R. C. S., Ed., 1871 ; L. R. C. P., Ed., 1871, Truro, Col.

Roach, Elisha, M. D., Univ. Penn., 1860, Tatamagouche, Col.
 Townshend, Alexander Stewart, M. D., Univ. Penn., 1862,
 Parrsboro, Cumb.

On June, 30th, 1904, the total number of names on the register was 609; on June 30th, 1905, the total number was 626, making an increase as was stated above of 17.

During the year Trinity College was added to the list of recognized Colleges: its certificates are, however, to be accepted only under certain conditions.

Three women, having satisfied the other requirements of the Board, passed the Examination prescribed under the Regulations for Qualified Midwives and were granted the Board's Diploma, viz.—

Miss Nellie Bell, Halifax.

Miss Mabel Cameron, Halifax.

Mrs. Minnie Cameron, Halifax.

The money receipts for the year have been as follows:—

I. Fees	20	\$35.00	Profess. Exam. Fees.....	\$700.00
	1	10.00	“ “ “	10.00
	1	5.00	“ “ “ (Suppl.)	5.00
	3	20.00	Medical Registration Fees.....	60.00
	18	2.00	Special Certif. Registration....	36.00
	9	10.00	Students' Prelimin. Exam.....	90.00
	4	5.00	“ “ “	20.00
	4	2.00	“ “ “ (Suppl)	8.00
	4	2.00	“ “ “ (Local)	8.00
	12	10.00	Students' Registration.....	120.00
	2	15.00	Midwives' Examination.....	30.00
				\$1089.00

being \$203.00 less than last year.

II. Additional,

Proceeds sales Registers and Exam. Papers, \$ 9.00

making a total of.....\$1098 00

all of which amount has been transferred to the Treasurer and will be accounted for in his Financial Statement.

Respectfully submitted

A. W. H. LINDSAY,

Halifax, July 19, 1905.

Registrar.

PROVINCIAL MEDICAL BOARD, NOVA SCOTIA, *in account with*A. W. H. LINDSAY, *Treasurer.*

YEAR ENDING JUNE 30, 1905.

1904.

CR.

June 30.	By balance in hand.....	\$2956 70
1905.		
June 30.	Received from Registrar to date.....	1098 00
	Int. Deposit, Dominion Savings Bank.....	81 88
		\$4136 58

1905.

DR.

To Preliminary Examiners' Fee.....	\$ 62 00
Local Examiners' Fees	18 90
Professional Examiners' and Travelling Fees..	346 25
Members' Attendance and Travelling Fees.....	267 00
Legal Expenses.....	99 47
Printing, Stationery and Typewriting.....	83 55
Refunded Fees.....	30 00
Premium Guarantee Bond.....	15 00
Reg. Account, Postage, Telegrams, etc.....	38 85
Letter File and Index.....	10 50
Salary, Sec.-Reg.-Treas. & Sup. Examinations.	500 00
	\$1471 52
Balance in hand	2665 06
	\$4136 58

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., SEPTEMBER, 1905 No. 9.

Editorial.

THE MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

The meeting at Halifax is now a matter of history. We of the medical profession who claim Nova Scotia as our home had looked forward with much pleasurable anticipation to meeting our confreres from other parts of the Dominion, to extend to them a cordial welcome, to exchange ideas on topics of mutual interest, and to show them some of the attractive features of our province. It was indeed a very great pleasure to have with us, even for so brief a period, so large a representation of our professional brethren from the other provinces. We trust that they have formed as kindly an opinion of us as we have of them.

In our next issue we will give a brief synopsis of the work which was put through. Just now we must be content with saying that the meeting proved to be a very successful one. The various addresses were of a high order of merit. It was a special privilege to have with us Mr. Caird, of Edinburgh, whose address was a real treat, and Dr. Kelly, of Baltimore, who also favoured us with an address full of worth and interest. The papers, too, were timely, and many of them were of unusual value. We hope to be able to present several of them in succeeding issues.

CONTEMPTIBLE TACTICS.

It is not necessary to enter into the merits or demerits of the staff of the Victoria General Hospital to warrant us in characterizing the recent attack upon it in the Halifax Herald, during the session of the Canadian Medical Association, as outrageous and contemptible. It is quite on a par with, and bears the same ear marks as, the attack upon the profession in St. John, and upon Dr. Richardson of Boston, the guest of the Maritime Medical Association, last year in the Acadian Recorder.

It requires no stretch of the imagination to conclude that the individual who penned the one inspired the other, and that both of them are equally undeserving.

Some men rise by virtue of their ability and sterling qualities, while others float upon the wreckage their malignity devises. Their brother practitioners are above repaying them in kind. They are shielded by the etiquette which they ignore, but will find, sooner or later, that knifing their brothers will stamp them with the mark of Cain, when they might be patronized and loved.

By arrangement with other medical papers of Canada, the addresses delivered at the recent meeting of the Canadian Medical Association, with an account of the proceedings, will be published in the October issue.

Obituary.

Dr. George I. McKenzie.—On the 20th of August, Dr. George I. McKenzie, of Pictou, passed away at the age of 68 years. His genial, kindly disposition had made him very popular with all classes, and he was widely known as a capable and successful physician. For 34 years he had practiced his profession devotedly and unselfishly in the town of Pictou, and the citizens of that town and the surrounding country had become much attached to the warm hearted and self-sacrificing doctor who had for so many years laboured for their good.

Dr. McKenzie was born at Durham, Pictou County, and received his literary education at the Seminary of the Presbyterian Church which at that time was established at Durham, but which later removed to Halifax and became known as the Presbyterian Theological College. His medical course was taken at Jefferson College, Philadelphia, from which he graduated in 1864. For some six years he practiced in Maitland, and then he removed to Pictou, where he continued to reside until his death.

Although he had not been in his wonted health for some months, his final illness was but of a few days duration. We reproduce the following from the columns of the "Colonial Standard":—

"The end came somewhat unexpectedly, and when on Sunday morning last the sad tidings passed round that Dr. McKenzie was dead the universal regret and sorrow expressed indicated the prominent place he held in the community. His long existence and successful practice gave him a warm place in the affections of many, who will sorely miss his kind word and genial manner in his professional visit and social call.

"Dr. McKenzie will be much missed also as a citizen, for he was a public-spirited man taking a deep and patriotic interest in everything that concerned the welfare of his town and country. He was a devoted member of the Presbyterian Church, and an active member of the Prince Street Congregation. The place in the community, the influence he exerted, and the esteem in which he was universally regarded were shown in the large concourse which followed him to the grave, and in the tokens of regret everywhere apparent."



LATE DR. G. I. MCKENZIE.

Dr. McKenzie was one of the most successful practitioners in the province, successful in treating the sick, successful as any man may hope to be in this country from a business point of view, and successful in winning and holding the esteem and affection of his patients and of all who knew him. His practice was characterized by a judicious combination of caution and decision; he was not given to exploiting every new drug as it came out, but when he was convinced of the efficacy of any new line of treatment he used it with skill and discretion. In his relations with his professional brethren he was an admirable exponent of the golden rule, and possessed that kindness of heart and strong sense of right which make medical ethics easy and natural. His experience and a gift of keen observation made his advice in consultations valuable, and a more reliable and helpful colleague there could not be.

Dr. McKenzie was twice married. His first wife was a daughter of the late Dr. Mitchell, of Merigonish, by whom he had two daughters and one son, John J., who graduated in medicine at Dalhousie in 1902, and has since been associated in practice with his father. His widow is a sister of Mrs. Edmund McPhail.

Dr. H. W. Robertson.—The death of Dr. Henry W. Robertson occurred at his home in Crapaud, P. E. I., on the 8th inst. To him death came in the midst of service on behalf of his fellow man, and his demise was undoubtedly hastened by the practice of the work to which he had devoted his life.

In the district in which he had laboured as a physician for over a quarter of a century the entire community had found him a friend whose kindness was proverbial. In the home life none was more hearty in a welcome than Dr. Robertson; to the poor he was always a friend whose aid was never sought in vain. With a practice undoubtedly the most extensive in the province of Prince Edward Island his life was indeed a busy one such as only the most robust could endure. The last winter was especially trying and it was then that Dr. Robertson's health first caused alarm to himself and friends.

The late Dr. Robertson was 61 years of age, and was a son of the late Joseph Robertson, of Cavendish. He was a prominent member of the Independent Order of Foresters and the Masons, while at one time he occupied the position of President of the Medical Association of Prince Edward Island.

Dr. Simon Fitch.—We regret to have to chronicle the death of Dr. Simon Fitch, who was for many years a prominent Halifax physician. An extended obituary notice will appear in our next issue.

Book Reviews.

Manual of Diseases of the Eye. By Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeon's Medical Department Columbia University, New York, 1890-1903, Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York, etc., etc.

This volume contains four hundred pages, twenty one coloured plates, including sixty coloured figures, and three hundred and sixty engravings in the text. Price two dollars. Published by William Wood & Co., 51 Fifth Avenue, New York.

This is the fourth edition revised. Many illustrations have been replaced by superior ones. New figures have been added, including eight additional coloured plates. Among the latter are six presenting twenty nine coloured drawings of external diseases of the eye.

The work is a concise, practical and systematic manual of the diseases of the eye and is well adapted for the student and general practitioner. Excessive detail, extensive discussion and lengthy accounts of theories and rare conditions have been omitted, while the common diseases, which the general practitioner is most frequently called upon to treat are described with comparative fullness.

Color Vision and Color-blindness. A Practical Manual for Railroad Surgeons. By J. Ellis Jennings, M. D., (University of Pennsylvania). Formerly Clinical Assistant Royal London Ophthalmic Hospital; Professor of Disease of the Eye, Medical Department Barnes University, St. Louis; Ophthalmic Surgeon to the Centenary Hospital; Ophthalmic and Aural Surgeon to the St Louis and San Francisco Railway Systems, etc., etc. Second Edition. Thoroughly Revised with Illustrations. 132 Pages, Crown Octavo. Price, extra cloth \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This work should be in the possession of every practitioner who is employed by railroad and steamship companies. Every employee of such companies should be carefully examined as to his colour-sense.

Dr. Jennings' practical work contains all that is essential to a perfect understanding of the subject of colour-vision and colour-blindness.

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared original articles. Edited by A. O. J. Kelly, A. M., M. D. Vol. II, fifteenth series, 1905. Published by the J. B. Lippincott Company, Philadelphia and London. Price \$2.00.

The latest issue of this ever popular publication contains a number of valuable and suggestive articles on a wide variety of topics. The treatment of acute nephritis in childhood is considered by John Lovett Morse, who

opposes the use of diuretics and the administration of water during such time as secretion is suppressed or small in amount. An interesting article on the therapeutic indications of kephir is contributed by G. Hayem, of the Paris Faculty. Robert T. Edes offers suggestions regarding the treatment of neurasthenia which are both sensible and practical. The x-ray treatment of tinea tonsurans is considered by Drs. Sabourand and Noire, of Paris, who speak very highly of its efficacy. The principal paper is that of Robert N. Wilson, on the diagnosis of incipient thoracic tuberculosis, and covers more than fifty pages. He insists upon attaching importance to cough as a symptom and affirms that normal or even subnormal temperature is common in the incipient stages. Other contributors are Solomon Solis Cohen, H. Roger, J. Rutter Williamson, A. L. Benedict, Edred M. Corner, G. Frank Lydston, Daniel M. Eisendrath, Drs. Lermoyez and Bellin, the late Thos. H. Manley, Chas. Greene Cumston, J. Garland Sherrill Felix Terrier (who describes the manner of using scopolamin as a general anæsthetic, and speaks very favourably of it,) Chauncey D. Palmer, Mary Buchanan, Norval H. Pierce, John C. Hemmeter and Josef Wiesel. All of these writers present interesting and valuable papers, which go to make up a number which at least equals its precessors in merit.

Therapeutic Notes.

THE SUPERIOR QUALITIES OF SANMETTO IN CYSTITIS, PROSTATITIS AND GONORRHEA.—I have used Sanmetto quite extensively in cystitis, prostatitis and gonorrhea, and find it far superior to any proprietary preparation or any prescription I have ever used. It controls admirably those cases of prostatitis where there is excessive desire to urinate frequently but an inability to do so.

Fremont, O.

R. B. Meek, M. D.

MODERN THERAPEUTICS AND PHARMACY.*—By Frederick Hadra, M. D. of San Antonio, Texas. In speaking of ethical proprietaries, he says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgement as to banish all or most of these drugs from his practice without investigating their merits. So, if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flax-seed poultice and the newer proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former. . . . It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods."

"Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a co-ordinate branch which is continually striving to assist us in improving our therapeutic weapons? If we would take advantage of the opportunity offered to make intelligent selection of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have advantage over those who do not."

As regards the refilling by the druggists of prescriptions of proprietary remedies, he says: "If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flax-seed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate whether proprietary or extemporaneous."

"If the intelligent use of drugs mentioned is not injurious *per se*, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, laudanum or carbolic acid because the laity can also go to the drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?"—*Extracts from an article in the *Texas Medical Journal* for March, 1905.

RELIEF IN NEURALGIA AND GIRDLE PAINS.—The efficiency of antikamnia tablets in neuralgia is beyond dispute and is well illustrated by the following case: An old nurse who had suffered from severe neuralgia at intervals for many years and whose hair had become gray on one side of her head from this cause, expressed herself as having gained more relief from antikamnia tablets than from all the many medicines which had been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have undoubted preference over all other coal tar preparations. They are a useful adjuvant in the treatment of migraine, and the headaches of school children promptly yield to moderate doses.

In cases of organic spinal disease they proved of considerable value. A woman of 52, with transverse myelitis (complete paraplegia) found them reliable for controlling the very annoying girdle pain. Two or three doses of one tablet each, within twenty-four hours, were sufficient to make the pain enduring. In another case, where there was the girdle sensation connected with its earlier history, and numbness and paræsthesia of the lower extremities existed, one antikamnia tablet was given three times a day along with a regular potassium iodide treatment. The observation of this case has extended over 18 months and at no time has the progress been so satisfactory as during the last six weeks, in which she has taken antikamnia tablets regularly.

Country Practice for sale in Nova Scotia—excellent opportunity. Monthly average \$300 to \$325.

Address—M.,

c/o Maritime Medical News.

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., OCTOBER, 1905 No. 10.

Original Communications.

PRESIDENTIAL ADDRESS.*

By JOHN STEWART, M. B., Halifax.

Friends and Colleagues:—

My first duty is to thank you for the honour you have conferred upon me in electing me to preside over this meeting.

I can assure you that my pride in this great honour is tempered by a feeling of very great responsibility, and a sense of marked inaptitude for the duties of this position. And in thanking this Association for an undeserved honour I wish to thank especially the most earnest, energetic and cheerfully laborious Executive which any President ever had.

I wish to express my sense of obligation for the presence of His Honour the Lieutenant Governor, whose more than eighty years of strenuous and honorable life give exceptional value to the kind words of appreciation in which he has just welcomed our Association to this city.

Permit me also to express my pleasure in having on the platform my old friend and colleague, the Honorable D. McN. Parker, one of the founders of this Association.

* Delivered before meeting of Canadian Medical Association, Halifax, Aug. 22nd, 1905.

And now I bid you welcome, welcome to this picturesque Province of Nova Scotia and to the City of Halifax.

I bid you welcome on behalf of the medical men of this province; for when it became known that the Canadian Medical Association was to meet here, there came in from all over the province, from the county societies and from individual practitioners, expressions of a desire to have a share in your entertainment, and therefore it is that we are here today as the guests of the Medical Society of Nova Scotia, and that we have listened to the warm welcome of its President.

In welcoming you to this place I should perhaps say a few words of introduction to a city and a province new, perhaps, to many of you. If you are interested in history, you will find much here to occupy your attention.

In the early morning mists of our history we see Leif Ericson, in his Viking galleys, steer along our coast. Four hundred years ago the Cabots took possession of these regions for King Henry VII. And then for two hundred years the intrepid navigators of Old France, De Monts, Champlain, St. Denis, LaTour, explored these bays and headlands.

If you can spare time to visit Annapolis you will find traces of the French occupation, and see still in good preservation the old powder magazine, the oldest European masonry in America north of Mexico, and built of stone brought from France. Midway in the province, you come to Grand Pre, with its crowded memories of the past, and its wide acres of fertile dyke lands which we owe to the industry of the early French settlers. And in the extreme east you will find the historic ruins of Louisburg, where the sea birds cry over the rain swept turf which covers many a gallant heart. Nova Scotia may indeed claim its share in thrilling memories of "old unhappy far off things and battles long ago."

We can point with pride to the distinguished names of many Nova Scotians. I shall avoid the troubled waters of political life and will mention only the fact that two of the most distinguished college presidents in this country were Nova Scotians, viz, Sir J. W. Dawson of McGill, and Rev. G. M. Grant of Queens'. In literature we are proud of the reputation of Haliburton. The hero of Kars and the defender of Lucknow were both Nova Scotians. Our ship builders

and our sailors have carried our name round the world and it is safe to say there are few ports in the world where you may not find a Nova Scotian sea captain.

This city of Halifax is crowded with historic memories. It was up this harbor that the ill fated squadron of D'Anville, shattered and storm tossed, came to anchor, to meet a more deadly foe than wind and wave in the pestilence which destroyed hundreds of brave sailors. It was here that Cornwallis, stout soldier and sagacious statesman, arrived in 1749 and laid the foundations of this city. St. Paul's church, built in 1750, is the oldest Protestant church in the Dominion of Canada, and the old churchyard of St. Paul's is one of the most interesting cemeteries in this country. In it were laid side by side the heroic dead who made the names of the Shannon and the Chesapeake famous.

In the old Provincial Building, where we hope to meet this evening, Mr. Lawrence Kavanagh stood in 1827, the first Roman Catholic member since the Reformation to represent a constituency in the British dominions.

And there is another old building here, which to my mind should be full of interest for all Canadians. It was a Nova Scotian, Sir Samuel Cunard, who had the enterprise to start the first line of transatlantic steamships, and there are men in Halifax to-day who remember when the *Britannia*, the first Cunarder, came up the harbour and to the shipping office of S. Cunard and Co.

And may I draw your attention to our geographical position and to our incomparable harbour? It has the largest dry dock on this side of the Atlantic, it is defended by one of the most powerful fortresses in the world, and at any hour of day or night, summer or winter, in any state of the tide, the largest and swiftest ships afloat may come along side the pier, or leave it punctually, without delay or interruption.

I trust that when this Association again meets in Halifax it will find the western terminus of the fast Atlantic service,—safe in the keeping of the “Warden of the Honour of the North.”

Finally bear with me if I point to our Educational Institutions. Dalhousie University the only undenominational college in the province, has not only supplied professors to several colleges in the United States, but furnished a distinguished successor to the renowned Tait of Edinburgh, and only the other day, sent one to the University

of Birmingham. We have also a medical college whose graduates are now dotted all over the Dominion and the United States, reflecting credit on their province and their Alma Mater. There is the institution for the Deaf and Dumb, where results are obtained equal to those of any similar institution anywhere, and finally we have this School for the Blind in the hall of which we are met, which is presided over by Dr. Fraser, a gentleman second to none on this continent in the skill and success of his methods, and whose marvellous personality overcomes all disabilities and inspires all who come in contact with him.

This is not the first occasion on which the Association has met in Halifax.

In 1875 the Association first met here, and again in 1881, when the General Secretary was a young Montreal physician whose name is now a Master-word in the schools of Aesculapius the world over—the Regius Professor of Medicine in Oxford. At the meeting of 1881 the attendance was 53; to-day we have already registered over 200.

It is only fitting that I make reference to some of those who were with us then and who to-day are not. The president was Dr. G. E. Fenwick, of Montreal, a distinguished surgeon, who occupied the chair of surgery in the University of McGill for fifteen years. The vice-president for Nova Scotia was the late Dr. R. S. Black, one of the leading physicians of Halifax for many years, a man of wide culture, and specially familiar with Spanish history and literature.

There are two names to which I wish particularly to refer in this place on account of their connection with this Province and their interest in this Association. The late Dr. Edward Farrell was one of the foremost citizens of Halifax, and took a leading part in our political life, having been a member of our legislature. He was one of the founders of the Halifax Medical College, where he held the chair of surgery from its foundation until the time of his death, and his admirably lucid, well ordered and emphatic style made him one of the best lecturers whom I have ever heard. He was surgeon to the Victoria General Hospital for thirty years. He took a keen interest in the subject of tuberculosis, especially in the organization of methods to prevent the dissemination of the disease, and was appointed by the Dominion Government to represent us at the Congress on Tuberculosis in Berlin. And it was in the discharge of his duty

as a member of a commission appointed by our own Local Government to select a site for a sanitarium, that he contracted his fatal illness, through exposure to cold and wet when driving in the country; and on the first day of this new century he passed away from among us, but the brave and cheerful spirit, the ready wit, the warm kind heart are memories that remain.

And what can I say of Dr. Wm. Scott Muir? I may say I believe that no member of this Association was better loved or more heartily welcomed to its meetings. He had been a vice-president, and upon at least one occasion he was nominated for the presidency but generously insisted on giving way to others. He was a very regular attendant at our meetings, and his stalwart figure and cheery voice had become familiar to the profession throughout Canada. His business ability and his knowledge of affairs made him invaluable in committees, and his contributions to the scientific work of the Association were marked by keen observation and practical common sense. He was my own dear friend and I shall not trust myself to say more of what his loss has been to us.

And so one by one, just as we learned to value them more, our comrades fall, and what can we say but

“ Fare you well :
Hereafter, in a better world than this,
I shall desire more love and knowledge of you.”

It is perhaps a weighty sense of the responsible position in which you have placed me that gives to my thoughts to-day a somewhat serious turn.

As I look upon this great assembly I think of the years of study, the expensive education, the physical and intellectual toil, the laborious days and anxious nights, and when I consider the results I am tempted to ask—what is the good of it all? We toil to save, and how often it is that the valuable lives, the bread winners, the wise, the strong, the true, are taken, and we succeed in saving the idle, the dissolute, the degenerate. There is not only a sense of futility, there is horror in the thought that our art may in unworthy hands be degraded to be a servant of evil passions.

And have all these then—our brothers and our forebears—died in vain? Have their lives been wasted and would it have been better had they had no part in aught that's done beneath the circuit of the sun?

Perish such thought! These dark imaginings are nothing but rank pessimism, and pessimism is fatal to us of all men. Of all men the medical man must be an optimist. If our work is to save and prolong life we must believe that life is something worth having and worth keeping, or we are not true to ourselves, and are false to other men.

Now, what is the value of life? Character. And what makes life worth having and worth keeping?

The more we reflect upon human life and all its manifestations the more do we become convinced that its true criterion is character. To the unthinking it may seem that this subject is outside our province, and that health and character are in different categories. But we cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study the physical framework of man, but as practitioners of medicine we must consider the living man as body, soul and spirit.

Our nature is threefold, and health and character pertain to each component, the physical, the intellectual and the moral. We may admit that so far as we can see perfect physical health may exist with feeble intelligence and degenerate morals, but the ideal condition for which we should aim is the balanced blend and perfect equilibrium of all these elements. And even though at first glance it may seem that one component may attain perfection while the others are defective, a close observation convinces us that it is not so. The brilliant intellect is hampered in its working by the diseased body which forms its transient tabernacle, the "eye sublime" subdued to that it works in by a vile spirit, loses its brightness, and

"Faults in the life breed errors in the brain,
And these reciprocally those again."

And as Maudsley put it the other day at the British Medical Association, "Mind works in every function of the body: a sound body is the foundation of a sound mind and the lunatic is lunatic to his finger ends." We cannot think soundly about life if we ignore this essential and indissoluble trinity. Experience tells us that in our work of detecting, preventing, eliminating disease, we cannot treat our patient to advantage if we regard only his physical condition and neglect consideration of his mental equipment and moral proclivities. Indeed, the manner of man our patient is, is determined more by those

invisible forces than by his corporeal form, or as we have it in the sayings of the Wise Man, "As he *thinketh* in his *heart* so is he."

And it is with the community as with the individual. That which makes a nation great is not the wealth of its people or their intelligence, but their good name. It is because I believe that the medical profession may have a large influence in moulding the spirit of a nation, that I wish in the hour which custom allots to me here, to offer a few remarks on National Character and Public Health.

How may our national character help or hinder us in our work, and how may we as the guardians of the public health help to make or mar our national character?

The public health laws of a country will depend largely on the character of the people. The character of the people will be conditioned largely by their public health, that is, by that standard of health of the individuals composing the nation, which as a national ideal all the people are interested in and willing to make sacrifices for. This is Public Health in the largest view.

And first let us consider some of the features of national character which may influence public health.

There is love of liberty, and a free people is usually a vigorous and healthy people.

But there is a liberty not according to knowledge. When an individual claims the right to act according to his own judgment in matters of which he is profoundly incapable of judging, his boasted liberty may prove a perilous possession to himself and his neighbours. When a community refuses to be bound by laws which sanitary science has declared to be necessary, it abuses its liberty and may bring serious damage upon itself. The laws of health cannot be broken with impunity. And this spurious love of liberty frequently stands in the way of sanitary reform.

We have a striking instance of it at present in the stupid rebellion against sanitary laws shown by many communities on the lower Mississippi in the present epidemic of yellow fever.

From the thought of liberty to that of bondage may seem a strange step, yet the next national characteristic which I mention as having an influence on public health, namely, the worship of material things and feverish haste to accumulate wealth, lays upon us a bitter and grievous bondage. The public, and the representatives of the public,

are too apt to regard with impatience if not with scorn the claims of any interest which does not seem to have immediate or direct bearing on the great national occupation of money making.

There is an epigrammatic expression in the works of Aristotle which might well be inscribed in letters of gold over the council chamber of our legislatures and our boards of trade. It may be freely translated thus, "It is not seemly for a free people to be always seeking for cash returns."

I think the Greek philosopher saw the glitter of the golden manacles and would warn us, if we value freedom, to set our affections on other things than gold.

This national characteristic, disinclination to invest in medical securities, is perhaps due to various things. It is partly due to ignorance, to an incapacity of appreciating scientific teaching, to a hesitation in trusting the expert opinion of science—for which perhaps science herself is somewhat to blame. It is not entirely the fault of avarice. When our people are convinced that any measure is for the public weal, they are generally willing to aid. And I may perhaps draw attention here to the fact that the first public sanitarium for tuberculosis, the first in Canada erected as a government work, is now in operation at Kentville in this Province.

But, as a rule, there is great difficulty in inducing corporations and municipalities to expend a reasonable sum in carrying out the details of a Public Health System, to pay for water supply, drainage, sewerage, removal of garbage, disinfection. It is not too much to say that apathy in regard to questions of public health is a national characteristic.

Like the Sybil with her precious scrolls Hygeia comes to Demos, and Demos will not buy.

And the yearly tale of death and disease, preventable by sanitary measures, increases, and perhaps the only effectual clarion to rouse the indifferent will be, as it has been before in the world's history—a pestilence.

Possibly if the public could see the mere financial loss incurred by preventable diseases, the loss of time, the inefficiency of workers, the increased rates to maintain the families who have lost the bread winner, they would be willing to give more to the Health Department.

There is a feature of our public life which I think may fairly be described as a national characteristic, and that is our tolerance if not encouragement of quackery. I mention it here because I wish to point out the great injustice of this to our profession.

The youth who aspires to the practice of medicine is required by the laws of his country to undergo a certain course of study, tedious and expensive. He has to pass certain examinations and give proof of familiarity with the requirements of his profession. He has to satisfy the authorities as to the integrity of his moral character before he is allowed to begin practice. And now see him, embarking on the practice of his profession. From his window he sees the apothecary's shop, and knows that for one patient who has gone there to have a prescription filled, a dozen go to buy some proprietary medicine. He buys the morning paper and finds one tenth to one fifth of the space for which he pays taken up with advertisements of nostrums, often with testimonials signed by otherwise intelligent and moral people. He dines at his club and he hears of nothing but the wonderful cures wrought by some itinerant quack who has never fulfilled one requirement of the Medical Act. Truly Demos loves the quack and seems to have a special spite at him who would practise his profession scientifically in accordance with the noble spirit of the Hippocratic oath.

There are indeed many ways in which the traits of national character may influence the health of the people.

In the Report of the Royal Commission on Physical Deterioration no evidence seems to me more interesting than that of Mrs. Close. This lady who has given her life to the study of the domestic conditions among the labouring classes of almost every country in Europe, has no doubt of a deterioration in the physique of the labouring classes in England. And the explanation of this she finds in a diminished sense of duty, a debased ideal of the duties of a wife and mother. Love of amusement and the attractions of the theatre interfere with the old fashioned domestic economy. Houses are untidy. Food is badly cooked. Early rising is a vanished virtue. The children are hurried off to school without proper breakfast, and the husband finds in the public house the comfort he is denied at home. The picture is too true and its replica may be found in every town in Canada.

And now how may we in the exercise of our daily calling contribute to the development and growth of national character?

In the first place we should accustom ourselves to remember that the body with which we deal is of value only as the tenement and instrument of an indwelling spirit, and that the health of the body is our care simply because its ill health may hamper the action of the intellectual and moral energy within it.

When we prescribe diet and exercise let us remember that the luxury and excess and love of ease which are the most potent factors in disease, injure mind and soul as well as body. Let us press the claims of temperance—that true temperance which walks the golden midway, and turns neither to asceticism nor to indulgence.

In the love of Canadian youth for manly exercise we have a most powerful lever for raising the standard of health and morals.

If we are consulted as to occupation, let us sing the praise of the simple life. Civilization is becoming terribly complex, and it seems on all hands to fungate into luxury. And history points a warning finger to the past. When culture joined hands with luxury decadence was already at the door.

This is an age of sedentary occupations and a large portion of the ills which we are called to treat owe their origin to the exigencies of the sedentary life. It is not a natural life for man.

Will it be thought very much out of place if I say, let us honour the farmer. His is the only natural, the original and the essential work. There is a moral in the fable of Hercules and Antaeus. It was not until Hercules had lifted the giant bodily from the ground and so broke the magic contact that he was overcome, and the prescription for many of the ills of the body and of society is in the cry "back to the land."

I have spoken of occupation as bearing on health and character. There is one other fact in our social life to consider, and that is our amusements. Indeed among some people this question seems to take precedence of work. Amusement and relaxation are necessary, but to give them so prominent a place in our life as they appear to occupy today is a menace to the health of the body which they are meant to secure, to the intellectual powers and to moral character.

Pleasure takes precedence of duty, and complaisant sophistry may even justify this order. To scorn delights and live labourious days is now considered folly. We amble along the primrose path of dalliance and avoid the "asperous way that leadeth to the house of sanity."

It is a delightful and a hopeful omen to see an interest taken in athletics and to know that our country takes such an honourable place in all manly exercises. But for one young man whom you will find on the football field, or plying oar or paddle, you will find many who simply waste their time, their only interest in athletics being the spectacular interest of a match or the dubious financial result of a bet. If we could only influence these young men to take a more heroic, a more manly view of life we should be doing them and our country a service.

Even in our sports there is room for some earnestness, and it might be well if we took our pleasures, as Froissart says our ancestors did, seriously, and sympathised with the spirit of the old English ballad of Ulysses and the Syron.

To spend the time luxuriously
 Becomes not men of worth.
 * * * * *
 * * * suppose there were
 Nor honour, nor report,
 Yet manlinesse would scorne to weare
 The time in idle sport :
 For toyle doth give a better touch
 To make us feel our joy :
 And ease finds tediousness, as much
 As labour yields annoy.
 * * * * *
 But natures of the noblest frame
 These toyles and dangers please :
 And they take comfort in the same,
 As much as you in ease:
 And with the thought of actions past
 Are recreated still ;
 When pleasure leaves a touch at last
 To show that it was ill.

This was the "great spirit of high desire" of the Elizabethan days.

But in addition to what we do effect in this way in our own generation we and our successors wield a great power in the laws of heredity.

The observation of centuries and the universal experience of every day life, no less than the laborious and well planned experiments of science tell us that the organism of today is the resultant of forces acting in the past, and the diversity of operation of these forces is

what gives nature her indefinite variety. To us who see every day the working of the inevitable law which visits the sins of the fathers upon the children, and to whom the phenomena of reversion and atavism and variation are constantly present, to us heredity is one of the great powers of Nature. And we believe that by a careful application of scientific principles to the environment, education and occupation of our race we may and can exercise a beneficial determinant action on generations yet to be, eliminating disease, stimulating and clarifying mental processes, strengthening and purifying moral qualities.

But, enormous and far reaching as we believe the power to be of the laws of heredity, we must not allow them to dominate us. They are not the forces of a blind, inexorable Fate. These laws are well ordered in all things. When, in view of the depressing influences of the researches of Lombroso and his school, we feel that we are all smitten, when each scans anxiously his brother's face for stigmata, or fancies himself the bearer of a hall mark of some degeneration, let us remember that not only can we, to some extent at least, control the working of the laws of heredity, but so far as we ourselves are concerned, can bid them defiance.

We may—if we will, say “Evil, be thou my good,” and turn our backs upon our good angel who points us to an honourable ancestry and bids us follow in their path. But, when the Angel of the Pit, with mocking leer, that “Man of Hell who calls himself Despayre” bids us throw up our hands, tells us we are the captives of circumstance bound in millennial chains, tempts us to give up the hopeless struggle, we may—if we will, say “stand thou on that side, for on this am I.” We must not forget that divine part of us, that mysterious, indefinable, undeniable power for good or evil—the human will.

Thirty years ago a young man lay in the Royal Infirmary in Edinburgh. Fortune had not smiled upon him, and now maimed and crippled for life, that life seemed “doomed to dumb forgetfulness a prey.” But not to despair. The “star of the unconquered will” rose and stood over the lonely bed of William Ernest Henley and inspired these lines, the finest assertion of the Free Will I have ever seen.

Out of the night that covers me,
Black as the pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody, but unbowed.

Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the years
Finds, and shall find me, unafraid.

It matters not how strait the gate,
How charged with punishment the scroll,
I am the master of my fate :
I am the captain of my soul.

“Sir,” said Dr. Samuel Johnson, “the man who has vigour may walk to the East as well as to the West if he happen to turn his head that way.”

Heredity may condemn us to a life of struggle with bodily weakness and mental incapacity, to “Defects of doubt and taints of blood.” It cannot chain the free spirit, and he who can say, I will, I will not, is still a man.

We the members of this Association, as practitioners of the Healing Art are the heirs of a great past. The Masters of Medicine have passed from our world but their influence survives—their spirits still live.

Nothing is plainer in the study of the lives of the greatest of our predecessors than the influence of great ideals. From the days of the grand pagan whom we call the Father of Medicine, and whose recognition of the power of spiritual forces is so clearly seen in the oath which he laid upon his successors, to the great authorities of to-day, we can trace the power of a faith in the Unseen Universe.

Let me quote from the illustrious Pasteur. “Happy he who carries with him a God—an ideal of beauty, and who obeys him. An ideal of Art, an ideal of Science, an ideal of Patriotism, an ideal of the virtues of the gospel.”

And if we are to have strength for our work, courage and hope to cheer us in our long contest with all these shapes of foul disease, we must bear in mind the supreme importance of high ideals—of life—and of man.

"You touch God," said Novalis, "when you lay your hand upon a human body." The spark of life we tend is a part of the divine—and immortal.

"The soul that rises with us, our life's star,
Hath had elsewhere its setting,
And cometh from afar."

We deal not with Dust and To-day but with Life and Forever. And when we realise this our own nature becomes ennobled to that it works in, and can rise to still greater power.

We who deal perforce so largely with the material and perishable, if we would keep sight of the indestructible and immortal should cultivate a power of detachment, should rise through the cloudy region of a world, and accustom ourselves to the free air and larger atmosphere of a universe.

As the Healer of the world came from beyond its confines so we who would help in the healing should be able to rise into the ether where we can have a proper perspective of Time. We should revisit the ethereal region where with Amiel we may "listen to the music of time and the hosannas of the world," or with our own Wordsworth hear "oftentimes the still, sad music of humanity," and be conscious of

"A presence that disturbs us with the joy
Of elevated thoughts : a sense sublime
Of something far more deeply interfused,
Whose dwelling is the light of setting suns,
And the round ocean and the living air,
And the blue sky, and in the mind of man."

And how may we best acquire this power but by the study of our subject—the philosophic study of man.

What our profession requires today, even more than an increase in scientific knowledge, is more of the study which gave character to the great masters of the past, and a realisation of the grandeur of the divine possibilities in man. True, we see much of the lower nature, weakness and suffering and sin, but we also see in every soul the capacity of Honour, Courage and Love. Let us rather look on these. "Whatsoever things are true,—whatsoever things are pure,—whatsoever things are lovely,—if there be any virtue,—let us think on these things.

THE GROWTH AND ORGANIZATION OF THE MEDICAL PROFESSION IN NOVA SCOTIA.*

By D. A. CAMPBELL, M. D., Halifax.

Mr. President and Gentlemen,—The first duty resting upon me is to thank you for the wholly undeserved distinction which you have conferred in choosing me to deliver one of the general addresses at this meeting of this Association.

I wish to apologize for my presumption in undertaking so serious a responsibility, feeling that local reasons, rather than any fitness on my part, must have counselled your request.

The subject upon which I shall endeavor to address you may be entitled "The Growth and Organization of the Medical Profession in Nova Scotia."

It was not without misgivings that I selected such a local topic, but I have been assured that there are ample precedents for such a course.

It may be confidently stated that there is at the present time a growing interest in the history of the medical profession in all its aspects. This may be regarded as part of the modern recognition of the important fact that no subject can be thoroughly studied and fully understood unless studied historically. Not only is this fact acted upon by the leaders of modern thought and the great teachers of the age, but it is becoming generally recognized by all thinking men, that we must have some knowledge of the past to understand, really, the present, and so make progress in the future. Every movement has its past history, its present struggles, its ideals for the future.

The satisfactory condition of the medical profession in this province to-day has not been attained without much effort and a long history.

The present standard of medical education is sufficiently high, and the average attainments of the rank and file of the profession satisfactory, so that everywhere the public can obtain the services of men capable of coping with the ordinary emergencies met with in practice. The members of the profession are respected, and exercise considerable influence in social and public affairs. In their organized capacity

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they enjoy self-government—a privilege which they have used for the public benefit, but have never abused. They are active and energetic associations for mutual improvement and protection. The grosser forms of quackery are not prevalent, and what may be called “medical heresies” are scarcely represented. It can be affirmed without exaggeration that the position of the profession in Nova Scotia compares favorably with that which obtains in other provinces of Canada or in the states of the American Union. Such a status for the profession has not been achieved except by the continuous struggles of many generations.

It is to the past, then, that we may now turn attention for the better understanding and appreciation of the present. And if, in doing so, I should seem to present much that belongs to general history rather than specially to medical history, my excuse is that it is desirable, if not essential, to note the general condition of the province and its population, at different periods, in order to see what field there was for the special work of the profession.

It is now just three centuries since the first European settlement was made in this region of North America, at Port Royal, now Annapolis Royal, in this province, which is, thus, the oldest continuous European settlement on this continent north of Florida. The settlement was really made and the colony established by Poutrincourt, under a grant from de Monts, who had arrived there the previous year, 1604, with a grant from Henry IV. of France, of all the territory between the 40th. and 46th. parallels of latitude. The Acadia of the seventeenth century was thus a very wide region, including the present New Brunswick, and, indeed, for a long time, the name Nova Scotia was applied to the same region. Sieur de Monts made many and extensive explorations during the summer, crossed the Bay of Fundy, and established a settlement on the island of St. Croix. The colony of St. Croix suffered great hardships during the winter of 1604-5; and it is from that settlement that we have the earliest account of anything of strictly medical interest in Acadia. That year Samuel de Champlain—a name illustrious in Canadian history—was with de Monts at St. Croix, and he has left a most interesting account of a serious malady which attacked the colonists. Here let me quote part of Champlain’s narrative :

“During the winter, many of our company were attacked by a

certain malady called the *mal de la terre*, otherwise scurvy, as I have since heard from learned men. There were produced in the mouths of those who had it great pieces of superfluous and drivelling flesh (causing extensive putrefaction), which got the upper hand to such an extent that scarcely anything but liquid could be taken. The teeth became very loose, and could be pulled out with the fingers without its causing them pain. The superfluous flesh was often cut out, which caused them to eject much blood through the mouth. Afterwards a violent pain seized their arms and legs, which remained swollen and very hard, all spotted as with flea bites; and they could not walk on account of the contraction of the muscles, so that they were almost without strength and suffered intolerable pains. They experienced pain also in the loins, stomach and bowels, had a very bad cough and short breath. In a word, they were in such a condition that the majority of them could not rise nor move and could not even be raised up on their feet without falling down in a swoon. The majority of those who remained well also complained of slight pains and short breath. We were unable to find any remedy for these maladies. A post-mortem examination was made of several to investigate the cause of their malady.

"In the case of many, the interior parts were found mortified, such as the lungs, which were so changed that no natural fluid could be perceived in them. The spleen was serous and swollen. The liver was woody and spotted, without its natural color. The vena cava, superior and inferior, was filled with thick coagulated and black blood. The gall was tainted. Nevertheless, many arteries, in the middle as well as lower bowels, were found in a very good condition. In the case of some, incisions with a razor were made on the thigh where they had purple spots, whence there issued a very black, clotted blood. This is what was observed on the bodies of those infected with this malady. Those who continued sick were healed by spring, which commences in this country in May. That led us to believe that the change of season restored their health, rather than the remedies prescribed.

"During the winter all our liquors froze, except the Spanish wine. Cider was dispensed by the pound. The cause of this last was that there were no cellars under our store-houses, and that the air which entered by the cracks was sharper than that outside. We were

obliged to use very bad water, and drink melted snow, as there were no springs nor brooks; for it was not possible to go to the mainland in consequence of the great pieces of ice drifted by the tide, which varies three fathoms between low and high water. Work on the hand mill was very fatiguing, since the most of us, having slept poorly, and suffering from insufficiency of fuel, which we could not obtain on account of the ice, had scarcely any strength, and also because we ate only salt meat and vegetables during the winter, which produced bad blood. The latter circumstance was in my opinion, a partial cause of these dreadful maladies."

Thus it appears that three centuries ago the French surgeons who accompanied this expedition were impressed with the value of post-mortem examinations for determining the nature of disease, and that they at least suspected the causal connection between salt food and scurvy. And this latter view was confirmed by further observation. After the awful experiences of the first winter at St. Croix, the survivors moved to Port Royal. There were still fatal cases of scurvy. By the third winter affairs had greatly improved, owing, no doubt, to the fact that the colonists had taken to hunting and providing themselves with fresh food instead of salt. Champlain reports of this third winter :

"We spent the winter very pleasantly and fared generously, by means of the *Ordre de Bon Temps*, which I introduced. This all found useful for their health and more advantageous than all the medicines that could have been used. By the rules of the order a chain was put, with some ceremony, on the neck of one of the company, commissioning him for the day to go a-hunting. The next day it was conferred upon another, and, thus, in succession. All exerted themselves to the utmost to see who would do the best and bring home the finest game."

With the DeMonts colonists were several surgeons, some of whom may have fallen victims to the then mysterious disease, before the *Ordre de Bon Temps* brought fresh game and health to the adventurous little company.

In 1613 the colony of Port Royal was greatly injured by an expedition from Virginia; war between France and England followed; but upon the restoration of peace, in 1632, France was still permitted to hold Acadia.

The work of colonization was resumed under the auspices of the new company of France; some sixty families of farmers, fishermen and artisans were brought over, settling first at LaHave, and subsequently at Port Royal. Most of these came from districts on the west coast of France where it was customary to protect the low-lying lands from the encroachment of the sea by dykes, and they adopted the same method, with notable success, to reclaim the rich and extensive marshes about the Bay of Fundy, and soon made comfortable homes for themselves. The progress of colonization was long retarded by internal dissensions, and by strife between the rival claimants to the territory—France and England.

From the final cession of Acadia to Great Britain and the peace of Utrecht, 1713, to the year 1749, when Halifax was founded, not the slightest effort was made in the direction of securing British settlers for Nova Scotia. France, by the retention of Cape Breton and the fortification of Louisburg, was enabled effectively to checkmate the plans of England. When war broke out between the two nations in 1744, the governor of Louisburg promptly sent an expedition to regain Nova Scotia. Canso was attacked and destroyed, and it was determined to capture Annapolis—which meant the capture of all Nova Scotia. This attempt failed, but it so exasperated the New England people that they resolved to secure possession of Louisburg. A scheme, planned by a lawyer and executed by a citizen commander, with an army of artisans, fishermen, farmers and lumbermen, snatched, by sheer audacity, from the grasp of France the great stronghold of Louisburg, defended by a garrison of veterans. At the close of the war, however, Louisburg, conquered by arms, was restored by diplomacy. A storm of indignation swept over New England, which had the effect of quickening a plan long cherished by the British government, of establishing a permanent settlement, and strong military station on the Atlantic coast of Nova Scotia, as a counterpoise to Louisburg, and Halifax was founded in the early summer of 1749.

To be Continued.

THE
MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., OCTOBER, 1905 No. 10.

Editorial.

THE PRESIDENTIAL ADDRESS.

In the case of the MARITIME MEDICAL NEWS, the editorial "we" is truly indicative of plurality. The present is an occasion upon which advantage is taken of such a state of affairs, and despite the fact that the President's Address was the product of one of our staff, what follows has been penned and will be published without his knowledge. To all who know Dr. John Stewart, such a statement is unnecessary, and it is only for those who are not acquainted with him, that we preface a reference to his address in such a way.

There is naturally no other event in the course of a meeting of such an association as the Canadian Medical Association, around which there centers so much interest as the delivery of the president's address. It is only upon one who has earned the distinction of being thoroughly representative of the profession that the honour of election to the chair is bestowed, and from such a one then is expected a deliverance, which will be at once noteworthy and authoritative. When it fell to the lot of Dr. Stewart to propose an address, we who know him well had no doubt as to the quality and appropriateness of whatever he would set forth. Elsewhere in this issue the address is presented to our readers, and we are confident that its perusal will give much pleasure to all to whose hand it comes.

Taking advantage of the privilege which belongs to a president, Dr. Stewart drew upon many sources for his material, and very wisely

gave to his audience an essay which dealt with matters of other than purely medical interest. This we feel to be a perfectly proper course. In a long programme of technical papers, a departure from a strictly professional conception comes both as a pleasing relaxation, and as a stimulant to broader thought. A warm welcome, a brief glance at the history of our province, a tender reference to departed confreres, and a philosophical study of character as a health producing force, formed the basis of a paper clothed in beautiful English and aptly embellished with quotations from literary masters. The tone throughout is one which bespeaks a broad culture, and that intimacy with the best in literature which alone makes an easy deliverance possible. There is a manly appeal to men, to look beyond the narrow confines of a strictly professional career. "We cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study the physical frame-work of man, but as practitioners of medicine, we must consider the living man as a body, soul and spirit."

We often tell one another that no one has greater opportunity of contributing to the general weal than the physician. Occasionally we even let some hint of this drop to the laity. But our faith is rarely substantiated by works, save by the exercise of such humanitarian traits as should be rendered quite unconsciously, and for which we should not credit ourselves too highly. A little introspection suffices to convince us that we are not doing all that we might to encourage growth and development of national character, and it must be at once confessed that in such remissness, we lose much of the best of our opportunity.

In the address the way is pointed out by which we may add to our value to the nation, as well as to the individual. We commend it to our readers as the thoughtful production of a thoughtful man, and bespeak for it the approbation of every member of the profession.

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Society Meetings.

CANADIAN MEDICAL ASSOCIATION.

MORNING SESSION.

Thirty-eighth annual meeting at Halifax, August 22nd, 23rd, 24th and 25th, 1905.

Dr. John Stewart, president, Halifax, called the meeting to order at 9.30 a. m..

The minutes of the previous session were, on motion of Dr. G. Carleton Jones, Halifax, taken as read.

GENERAL SECRETARY'S REPORT.

Two hundred and sixty-seven names were inscribed on the treasurer's register at the thirty-seventh annual meeting of the Canadian Medical Association, held in Vancouver, B. C., from the 22nd to the 25th of August, 1904. It was the third largest meeting in the history of the association. Of this number sixty-one were guests, several distinguished members of the profession being present from Great Britain and the United States. Two hundred and six were from the Dominion of Canada; and the fact bears some significance, that our guests at that meeting numbered nearly one-third of the attendance from our own profession in Canada. In detail the attendance may be grouped as follows Vancouver, 40; Victoria and the province, 40; Ontario, 56; Quebec, 21; N. W. T., 19; Manitoba, 18; New Brunswick, 3; Nova Scotia, 6; P. E. I., 3; England, 3; Scotland, 1; United States, 55; R. M. S. *Athenian*, 1; S. S. *Empress of China*, 1. One hundred and one new members were added to our lists, that number having been elected to membership; and there were present forty-three members of the profession from Canada who did not seek membership in our association, which number was about one-half of the previous year. Amongst this number were some who took a prominent part in the proceedings of the meeting, such as delivering addresses of welcome, acting on the nominating committee. etc. This seems rather anomalous, and I respectfully call your attention to it. I call your attention to a notice

of motion handed in by Dr. H. B. Small, Ottawa, at the last meeting: "That the members from each province, present at an annual meeting, elect from themselves three representative members, who, together with the President, Secretary and Treasurer, shall constitute the Executive Council of the Association." This is a radical step towards amending the constitution; appears like the thin edge of the wedge towards reorganization; and is deserving of your most careful and serious consideration. Although no official acceptance of the invitation sent by this association to the British Medical Association, to convene in Canada in 1906, has been received, it is understood that that association has accepted this invitation, and the additional invitation forwarded by the profession of Toronto, to meet in the Queen City of Canada. The meeting of this well-organized body in Canada will, I trust, excite some interest in the reorganization of Canada's national medical organization. It is with sorrow that I report the death of one of our past-presidents, Dr. James Thorburn, Toronto, since our last meeting. Dr. Thorburn filled the office of President in 1895-1896.

Dr. Elliott moved, seconded by Dr. Reeve, Toronto, that the secretary's report be received and entered on the minutes. Carried.

Dr. Carleton Jones, chairman of the committee of arrangements presented his report.

Dr. Goodwin, Halifax, presented the report of the programme committee and read telegrams and letters from many, regretting their inability to attend.

Dr. Elliott called attention to the notice of motion by Dr. Small, Ottawa, set forth on the programme, and moved, seconded by Dr. R. W. Powell, that the president appoint a special committee to consider same. Carried.

Dr. Lockhart, Montreal, moved, seconded by Dr. Murray McLaren, St. John, that the president appoint a special committee to deal with the question of reorganization of the association and revising the by-laws and constitution. Carried.

Dr. Reeve, Toronto, referred to meeting of British Medical Association in Toronto in 1906, and said that the special committee *re* this, appointed at London in 1903, would present a report at this meeting.

The president appointed Dr. G. M. Campbell, Halifax, and Dr. W. F. England, Winnipeg, auditors for this meeting.

Dr. R. W. Powell moved the adjournment, seconded by Dr. Elliott. Carried.

AFTERNOON SESSION.

August 22nd, 1905.

The meeting was called to order by the president in the chair at 3 o'clock.

On motion by Dr. A. McPhedran, Toronto, seconded by Dr. Reeve, the minutes were taken as read.

The Rev. President Forrest, of Dalhousie University, opened the meeting with prayer.

His Honor Lieutenant-Governor Jones was introduced to the meeting by the president. His Honor delivered an eloquent address of welcome on behalf of the Province.

The Mayor of Halifax supplemented the welcome on behalf of the city.

Then Dr. H. A. March, President of the Nova Scotia Medical Society read an address of welcome from the society to the visiting delegates.

Dr. Curry, Halifax, then introduced Dr. Howard A. Kelly, of Baltimore, to the meeting. Dr. Kelly acknowledged the compliment.

Dr. F. LeM. Grasset, Toronto, introduced Mr. Francis Caird, of Edinburgh, Mr. Caird in turn acknowledging the compliment.

The president, Dr. John Stewart, Halifax, then delivered the annual presidential address, which was an able one, and was well received. (Published in this issue.)

On motion of Dr. Blackader, Montreal, seconded by Dr. Reeve, Toronto, a vote of thanks was tendered the president for his splendid address.

Dr. D. A. Campbell, Halifax, then delivered the address in medicine. (Published in this issue.)

Vote of thanks was moved to Dr. Campbell by Dr. McPhedran, seconded by Dr. F. LeM. Grasset. Carried.

Dr. Campbell made his acknowledgments.

The president then declared the session adjourned and the meeting divided into medical and surgical sections.

SURGICAL SECTION.—DR. MURRAY MACLAREN, *Chairman*.

Dr. W. F. England, of Winnipeg, read "A Report of Three Cases of Septicæmia and Pyæmia from a Surgical Standpoint." In the course of his remarks Dr. England invited the Association to hold

the next annual meeting at Winnipeg. Discussion of his paper followed.

Dr. H. E. Kendall, of Sydney, spoke of the varied character of the infection in these cases, especially those following upon tonsillitis. He said, however, that he did not consider malignant endocarditis following tonsillitis to be so serious a condition as it is usually regarded. In treatment, he thought antistreptococcic serum to be of some value, although the value was often not apparent until natural immunity had been established.

Dr. Wetmore's experience with the serum coincided with that of the previous speakers,

In conclusion, Dr. England said, with regard to the antistreptococcic serum, that he found variable results, an abscess developing in one case at the site of injection.

Dr. E. W. Cushing's paper on "Prostatectomy" was not read, owing to the absence of that gentleman.

Dr. J. W. T. Patton, of Truro, read two case reports :

(a) "Recent Fracture of the Clavicle with Operative Treatment."

(b) "Rupture of Urethra with Extravasation of Urine ; Operation ; Recovery."

Dr. Bruce, discussing (a) thought that there was too great risk taken in converting a simple into a compound fracture, as in this case.

Dr. Irvine mentioned a case, where all the usual mechanical means failed, in which he sutured the fragments with excellent results.

Dr. F. N. G. Starr considered that with strict asepsis there was but little risk in incision in these cases.

Dr. Armstrong, of Montreal, thought that the risk involved in wiring a simple fracture was too great in view of any advantage gained, and of the serious nature of any infection about the neck. Speaking generally, he did not think that the technique of operations for wiring bones was yet near enough perfect to justify it as a general practice.

Mr. Caird mentioned two cases :

1. Comminuted fracture ; irreducible ; fragments removed but wiring not done. Date, 1876.

2. Similar case, but patient was an old lady ; fragments removed.

He thought the clavicle to be generally capable of taking care of itself and that cases for wiring should be selected with great care.

He endorsed Dr. Armstrong's remarks concerning the serious nature of infection about the neck.

Dr. Starr, discussing case (*b*), mentioned a case where the extravasated urine extended down the right thigh, and in which the ischial tuberosity was fractured.

Dr. Patton, in concluding, thought that the urgent appeal of the patient to have no impairment of function should be considered, and mentioned a previous case in which he had experienced difficulty in holding the fragments in position by the usual methods.

MEDICAL SECTION.—DR. JOHN STEWART, *Chairman*.

"Tubercular Pericarditis," read by Dr. A. McPhedran, of Toronto.

Discussion of this paper was taken part in by Drs. Rudolf, M. A. B. Smith, Finlay, Eagar, Blackader, and March, Dr. McPhedran making a few concluding remarks.

The other papers on the programme for this afternoon were not read, owing to the absence of the authors.

Wednesday, August 23rd.

MORNING SESSION.

MEDICAL SECTION.—DR. A. MCPHEDRAN, *Chairman*.

Dr. D. A. Shirres's paper, the subject of which had been changed to "A Plea for the Neurasthenic," was read by the author and discussed by Drs. Finlay, McPhedran and others.

Dr. F. G. Finley read "Cerebral Tumour Simulating Vascular Lesion." Discussed by Drs. McKenzie (Montreal), Smith, Shirres, Cowie, Rudolf, Morrow and Small.

Wednesday, Aug, 23rd, 1905.

GENERAL SESSION,—FORENOON.

The President in the chair called the meeting to order at 10 a. m. The minutes of the previous session were read and confirmed.

The President then appointed the two following committees, the the first *re* Dr. Small's notice of motion: the second a special committee *re* organization.

Re-organization Committee.—The President, general Secretary and Treasurer, and G. C. Jones to represent Nova Scotia; S. R. Jenkins for P. E. I.; A. B. Atherton for New Brunswick; H. S. Birkett for

Quebec; for Ontario, Dr. A. McPhedran (chairman) Toronto; Dr. H. H. Chown for Manitoba; Dr. J. D. Tafferty for N. W. T.; Dr. S. J. Tunstall for B. C.

Both committees to be identically constituted.

Under reports of committees, Dr. Reeve, Toronto, as chairman of special committee re British Medical Association Meeting in Canada, reported for the committee and moved the following resolution, seconded by A. B. Atherton, Fredericton:

That the Canadian Medical Association learns with great satisfaction that the British Medical Association will hold its next meeting in Toronto, in August, 1906; and in view of this fact, it resolves that the next meeting of the Association shall be held in Toronto, in executive session only, in a so-called business meeting, on the day preceding or the morning of the first day of the meeting of the British Medical Association. Carried.

Nomination of Nominating Committee: Prince Edward Island, H. D. Johnson, Dewar; Nova Scotia, Carleton Jones, W. B. Moore; New Brunswick, A. B. Atherton, J. W. Daniel, Wetmore; Quebec, F. R. England, W. F. Hamilton, F. G. Finley; Ontario, F. N. G. Starr, D. J. G. Wishart, H. Meek; Manitoba, W. F. England, J. J. McKenzie; North West Territories, Alex. Taylor, H. Church; British Columbia, Boyce, O. Morris.

Nominations were declared closed by the President.

The President then introduced Mr. Francis Caird, of Edinburgh, who delivered the address in surgery, the subject being "Gastric Ulcer."

Dr. Geo. Armstrong, Montreal, moved a vote of thanks to Mr. Caird for his scholarly address. This was seconded by Dr. Grassett, Toronto, passed unanimously, presented by the President to Mr. Caird, and by him acknowledged.

The meeting then adjourned.

SURGICAL SECTION.—DR. MURRAY McLAREN, *Chairman*.

"Combination Operation for Radical Cure of Inguinal Hernia," read by Dr. F. N. G. Starr, Toronto.

The following took part in the discussion: Drs. Elder; John Stewart, and England.

Dr. Starr, in concluding, said that he always opens the hernial sac and examines the interior for adhesions.

"Surgery of the Stomach in Non-malignant Conditions," read by Dr. Geo. E. Armstrong, Montreal. Dr. Armstrong's time was especially extended, that he might report a case of "Gastric Syphilis." Discussion by Drs. Bell, Elder, Bruce, McKeen, Lafleur, Atherton and Walker.

Dr. Armstrong in his reply considered gastroenterostomy only as a last resort, as a relief for hæmorrhage in cases where the bleeding point could not be found. Recurrence was the chief indication for operation.

"The Buried Suture," read by Dr. J. M. Elder, Montreal. Discussion by Drs. Irvine, Margeson and Chisholm.

GENERAL SESSION.—AFTERNOON.

The President called the meeting to order at 3 p. m.

On motion of Dr. F. R. England, seconded by Dr. Geo. M. Campbell, the minutes were taken as read.

The president appointed Dr. D. J. Gibb Wishart, Toronto, and Dr. W. H. McDonald, Rose Bay, to act as tellers in the election of nominating committee.

The president, on the ballot being counted, declared the following elected to the nominating committee :

Prince Edward Island, Drs. H. D. Johnson, Dewar ; Nova Scotia, Drs. G. C. Jones, Moore ; New Brunswick, Drs. A. B. Atherton, J. W. Daniel ; Quebec, Drs. F. R. England, W. H. Hamilton ; Ontario, Drs. F. N. G. Starr, D. J. G. Wishart ; Manitoba, Drs. W. F. England, J. J. McKenzie (Toronto) ; North West Territories, Drs. Taylor, Church ; British Columbia, Drs. Boyce, O. Morris.

The president then introduced Dr. J. W. Stirling, Montreal, who delivered the address in "Ophthalmology."

Dr. R. A. Reeve, Toronto, moved a vote of thanks to Dr. Stirling for his able and interesting address. This was seconded by Dr. Kirkpatrick, Halifax, unanimously passed, presented by the president to Dr. Stirling, and by him acknowledged.

The meeting then adjourned and divided into surgical and medical sections.

SURGICAL SECTION—DR. McLAREN, *Chairman*.

Dr. R. A. Reeve read, "Indications for Operations in Ophthalmic Practice."

Dr. Kirkpatrick, speaking to the paper, showed a case of his own, asking the opinion of the meeting with regard to operation.

Dr. Stirling, referring to the operation for squint, mentioned the method of making a double fold or reef in the tendon. He reported a case where a splint of wood, one and a half inches in length, had lodged in the orbit. Cold locally and recumbent position on the back were the chief features of his treatment. He did not advise operation in this case.

Dr. Reeve advised the expectant attitude in the case under consideration, that of Dr. Kirkpatrick.

Dr. E. A. Kirkpatrick read case report—carcinoma of the lachrymal gland.

Dr. McLaren read, "Mesenteric Cyst, with Intestinal Obstruction."

Dr. Chisholm read, "Intestinal Obstruction."

Discussion on these papers followed.

Dr. Armstrong thought that in cases of intestinal obstruction, practitioners were inclined to wait too long before operating. He considered that when the obstruction was purely mechanical, the patient should not die. He recommended an exploratory incision as soon as symptoms of a serious condition developed, or when the patient does not react to one cathartic dose and an enema.

Dr. Elder mentioned a case where a sarcomatous mass, falling down, produced torsion of the intestine and acute obstruction. He protested against the giving of opium before a diagnosis is made.

Dr. Chisholm also emphasized the importance of immediate operation.

EVENING SESSION.—

The President in the chair called the meeting to order at 8 o'clock.

Moved by Dr. G. M. Campbell, Halifax, seconded by Dr. McLean, North Sydney, that minutes of previous session be taken as read. Carried.

The following were nominated for membership by the general Secretary:—Drs. J. R. Corston, Halifax; W. B. Moore, Kentville; A. C. Jost, Guysborough; C. B. Trites, Liverpool; A. E. Doull, Halifax; G. W. T. Farish, Yarmouth; J. McKenzie, Mulgrave; W. D. Forrest, Halifax; Robert King, Halifax; F. V. Woodbury, Halifax; D. J. Macdonald, Sydney; W. W. Alexander, Lachute; A. F. Buckley, Halifax; A. G. Ferguson, Moncton; W. H. Irvine, Fredericton, C. J. McNally, Fredericton, (N. B.); W. H. Eagar, Halifax; Thos. W.

Walsh, Halifax; W. Bruce Almon, Halifax: H. L. Reddy Montreal: J. J. Roy, Sydney; L. W. Johnston, Sydney Mines, (N.S.): F. H. McKinnon, Brooklyn, (N. Y.): E. O. Hallett, Weymouth; Francis A. R. Gow, Halifax; E. V. Hogan, Halifax: Jos. Price, Campbellton, (N. B.): F. B. Day, Westville; Andrew Love, Sydney Mines; Wm. Rockwell, River Hebert, (N. S.): J. D. Page, Quebec; Charles Verge, Quebec, (Que.): Duncan Campbell, West River, (N. S.): R. L. Langstaff, Richmond Hill, (Ont.): J. Ross Millar, Amherst; C. A. Webster, Yarmouth; C. Dickie Murray, Halifax; H. Mather Hare, Halifax; M. A. B. Smith, Dartmouth; J. St. C. MacKay, Earltown; J. Fred Lessel, Halifax; M. D. Morrison, Old Bridgeport; F. W. Goodwin, Halifax: H. A. March, Bridgewater; E. N. Payzant, Wolfville; R. E. Mathers, Halifax; C. P. Bissett, St. Peters; J. A. Turnbull, Clark's Harbor; H. V. Pearman, Halifax; J. S. Bentley, Truro; Mary C. Randall, Sydney, (N. S.): Edward Archibald, Montreal: Chas. S. Morton, Port Greville; G. L. Foster, Halifax; H. E. Kendall, Sydney; F. S. Yorston, Truro; A. M. Hebb, Chester; H. K. McDonald, Lunenburg; Edgar Douglas, Halifax; Murdoch Chisholm, Halifax; E. E. Bissett, Morien; F. J. A. Cochrane, Halifax; J. W. T. Patton, Truro; J. Clyde Macdonald, Westville; C. R. Gates, North Brookfield; D. G. J. Campbell, Halifax; Freeman O'Neil, Louisburg, (C. B.); Wm. Warwick, Westfield, (N. B.); H. W. Jacques, Canning; A. McD. Morton, Bedford; D. A. Taylor, Londonderry; E. D. Farrell, Halifax; C. S. Marshall, Bridgewater; W. J. Kennedy, Musquodoboit Harbor; G. B. Kennedy, Tangier; A. C. Hawkins, Halifax; S. E. Shaw, Berwick; C. H. Freeman, Folly Village; Henry P. Clay, Pugwash; Albert A. Shaffner, Halifax; F. S. L. Ford, New Germany; Evan Kennedy, New Glasgow; Thos W. P. Flinn, Halifax; J. N. Mack, Halifax; T. C. McLeod, Bay Roberts, (Nfld); Louis H. Morse, Digby; W. S. Woodworth, Kentville, (N. S.); Fred. S. White, Moncton, (N. B.); C. A. McQueen, Amherst; Joseph Hayes, Parrsboro, (N. S.); H. E. McEwen, O'Leary, (P. E. I.); S. A. Fulton, Truro; J. A. Sutherland, Springhill; W. G. Putman, Yarmouth; C. J. Miller, New Glasgow; Robinson Cox, Upper Steviacke, (N. S.); A. J. Murchison, Clyde River; G. F. Dewar, Southport, (P. E. I.); Geo. H. Cox, New Glasgow; S. C. Primrose, Lawrencetown; L. R. Morse, Lawrencetown; P. N. Balcom, Aylesford; J. A. Sponagle, Middleton, (N. S.); A. S. Simpson, New Glasgow, (P. E. I.); R. D.

Bentley, Wallace; D. Mackintosh, Pugwash; W. T. M. Mackinnon, Amherst, (N. S.)

The president then introduced Dr. Howard A. Kelly, Baltimore, U. S. A., who delivered the address in Gynecology.

Dr. F. A. Lockhart, Montreal, moved a vote of thanks to Dr. Kelly, which was seconded by Dr. T. Walker, St. John, N. B. This was carried unanimously, was presented to Dr. Kelly by the president, Dr. Kelly in reply thanking the Association for the honor they had done him.

Dr. J. M. Elder, Montreal, in the absence of Dr. J. Alex. Hutchison, Montreal, gave for the latter an illustrated lantern lecture on fractures. A vote of thanks was tendered Dr. Elder on motion of Drs. Thos. Walker, St. John, and Murray McLaren, St. John.

Professor J. J. McKenzie, Toronto, gave a lantern demonstration on arterio-sclerosis which, as well as Dr. Elder's demonstration, was greatly appreciated. On motion of Dr. M. Chisholm, Halifax, seconded by Dr. Gaudet. President of the N. B. M. Society, a vote of thanks was tendered Prof. McKenzie.

The meeting adjourned at 10 p. m.

Thursday, August 24th.

GENERAL SESSION.—FORENOON.

The president called the meeting to order at 9.30 a. m.

On motion of Dr. T. Walker, St. John, N. B., seconded by Dr. F. N. G. Starr, Toronto, the minutes were taken as read. Carried.

The following were nominated by the General Secretary:

Drs. G. Carleton Jones, Halifax; F. W. Stevens, Mahone; H. D. Weaver, Halifax; E. T. Gaudet, St. Joseph, (N. B.); J. Howard Slayter, Halifax; F. E. Lawlor, Dartmouth; J. W. Reid, Windsor; St. C. J. Gallant, A. J. Fuller, Yarmouth, (N. S.); L. N. Curren, Fairville, N. B.

The list of nominations as published were then elected members of the Association.

Report of Nominating Committee:—This was presented by Dr. F. N. G. Starr, Toronto, and signed by him as Chairman.

Place of meeting, 1906, Toronto, at same time as the meeting of the British Medical Association.

President, Dr. Alexander McPhredran, Toronto; General Secretary, George Elliott, Toronto; Treasurer, Dr. H. B. Small, Ottawa.

Vice-Presidents:—P. E. I., Dr. H. D. Johnston, Charlottetown; N. S., Dr. G. Carleton Jones, Halifax; N. B., Dr. Emery, St. John; Quebec, Dr. H. S. Birkett, Montreal; Ontario, Dr. J. D. Courtenay, Ottawa; Manitoba, Dr. S. P. Prowse, Winnipeg; N. W. T., Dr. H. G. McKid, Calgary; B. C., Dr. R. E. McKeechie, Vancouver.

Local Secretaries:—P. E. I., Dr. Simpson, New Glasgow; N. S., Dr. J. R. Corston, Halifax; N. B., Dr. J. A. Scammell, St. John; Quebec, Dr. Ridley McKenzie, Montreal; Ontario, Dr. Harold Parsons, Toronto; Manitoba, Dr. J. R. Davidson, Winnipeg; N. W. T., Dr. J. Hislop, Edmonton; B. C., Dr. W. H. Sutherland, Revelstoke.

Executive Council:—Drs. W. P. Caven, A. A. Macdonald, F. LeM. Grasset, Toronto.

(Sgd.) F. N. G. STARR,

Chairman Nominating Committee.

The adoption of this report was made on motion by Dr. Starr, seconded by Dr. Gaudet, St. Joseph, N. B. Carried.

Notice of motion, Dr. Starr:—Dr. F. N. G. Starr, Toronto, gave notice of the following motion: That the by-laws be amended to provide for a representative vice-president and a local secretary for each of the new provinces, soon to be created.

Dr. James Bell, Montreal, showed a male patient, a case for diagnosis, and recited the history of the case.

Dr. Thos. Walker, St. John, N. B., opened the discussion of Obstetrics, the subject being the management of the puerperal state. He was followed by Dr. H. L. Reddy, Montreal, who paid particular attention to the ante-partum state. Dr. A. A. Macdonald, Toronto, followed in the discussion, and was succeeded by Drs. D. McIntosh, Pugwash; Laphorn Smith, Montreal; W. H. Eagar, Halifax; J. W. T. Patton, Truro; A. P. Reid, N. S., and McPhedran, Toronto. Dr. Thos. Walker closed the discussion.

Adjournment.

SURGICAL SECTION.—MORNING.

DR. MURRAY McLAREN, *Chairman*.

Dr. F. A. L. Lockart read "Case Report, Chorion-Epithelioma," by Drs. Lockhart and B. D. Gillies.

Dr. Laphorn Smith read "The Possibility of Stamping Out Cancer, Especially of the Uterus."

Dr. Cameron, discussing this paper, opposed the "contagion theory."

Dr. Lockhart urged the early examination and diagnosis of cancer. He noted the frequency of occurrence of carcinoma in a previously lacerated cervix.

Dr. Somers of Cambridge, Mass, thought that there was a possibility of cancer infection, and that in any case all lacerations of the cervix should be early reported.

Dr. Chisholm said that the discovery of the cause of cancer was prerequisite to its extermination. He noted the fact that scar tissue is not by any means the only nidus for cancer development.

Dr. Irvine read "Prophylactic Tracheotomy for Œdema of the Glottis with Case Report."

AFTERNOON SESSION.

Dr. H. L. Reddy read "Cæsarian Section, with Report of Nine Cases."

A motion was here introduced by Dr. Cameron, "That discussion of papers be postponed until all papers have been read, in view of the limited time." This motion being seconded by Dr. Morton was put and carried.

The following papers were then read in succession :

"Post-operative pulmonary thrombosis," by Dr. Herbert A. Bruce, Toronto.

"Tracheotomy as a remedy in severe whooping cough," by Dr. A. B. Atherton, Fredericton.

"Experimental work in intestinal adhesions," by Dr. E. W. Archibald, Montreal.

"Can the vermiform appendix, while itself free from obvious lesion, be the source of purulent peritonitis?" by Dr. James Bell, Montreal.

Exhibit of photographs illustrating radium treatments, with paper, by Dr. Myron Metzenbaum, of Cleveland, read by Dr. James Ross, Halifax.

Case report, by Dr. H. L. Reddy, Montreal.

Discussion was resumed shortly after five o'clock.

Speaking to Dr. Bruce's paper, Dr. Reddy mentioned a case in his experience of pulmonary thrombosis in which the wound had been perfectly aseptic.

Dr. Bruce, in reply, contended that sepsis was not the causative factor of the thrombosis in the cases under consideration.

Dr. Elder spoke to Dr. Atherton's paper, and Mr. Caird to Dr. Archibald's, these gentlemen replying.

Before adjournment, a vote of thanks was tendered to the chairman of the surgical section, Dr. Murray MacLaren.

GENERAL SESSION—AFTERNOON.

The President called the meeting to order at 2.30 p. m.

It was moved that the minutes of the previous session be taken as read. Carried.

Dr. A. McPhedran, chairman of the special committee on re-organization, presented an interim report, mentioning the advisability of a complete re-organization of the Association, incorporation, a membership fee of \$3, permanent membership, as well as the establishment of a journal to publish the transactions, and be the official organ of the Association.

Dr. McPhedran moved that the interim report be received, and that the name of Dr. J. H. Cameron, Toronto, be added to the committee list, as chairman. This was seconded by Dr. A. P. Reid, and carried.

The General Secretary then read, for Dr. R. W. Powell, the report of the Special Committee on a Public Health Department for Canada, as follows :

REPORT OF SPECIAL COMMITTEE ON PUBLIC HEALTH :

As convener of your sub-committee in re the creation of a Department of Public Health as a Dominion measure, I have the honor to report that practically no advance has been made since we first presented your views to the Federal Government on this important question three years ago. Strong resolutions have been passed by your association containing the views of the profession on this matter, year after year, and they have been duly forwarded to the proper authorities at Ottawa, to say nothing of the personal representations of your sub-committee, conveyed to the government by way of deputa-

tion and personal interview. On the last occasion on which I waited upon the Hon. the Minister of Agriculture, he pointed out to me that he was familiar with the views of our association as contained in the several resolutions referred to above, and that it appeared to him to be unnecessary to call the committee to Ottawa to reiterate what we had so clearly laid before him. He assured me that the whole question had his entire sympathy and that he trusted to see such a scheme as had been outlined to him brought into operation. And he further said that it was his intention to bring the matter again to the attention of the Prime Minister, he hoped at a date sufficiently early to enable him to give something rather definite for our meeting at Halifax. Your committee feel that they have done what they could to induce the government at Ottawa to create a Department of Public Health, under one of the existing ministers, in order to place this important branch of the public service on the same footing as it stands in nearly all progressive countries. We regret, however to be obliged to report that so far our efforts have been unavailing, and as we believe that a more powerful and influential committee is needed from this association to more seriously impress the Government with the great importance of this question, we respectfully ask to be discharged.

R. W. POWELL, *Convener*.

Resolution of Public Health:—*Resolved*, That a committee be appointed from this Association to wait upon the Dominion Government and lay before them the several resolutions now on the books of this Association in reference to the creation of a department of public health, in order that all matters pertaining to the public health, over which the Dominion Government has jurisdiction, may be administered under one official head. That the committee be requested to impress upon the government the great importance and public utility of this matter, and that it is the wish of the medical profession in the Dominion, as represented by the Canadian Medical Association, that such an advance should be made in this branch of the public service. That the committee consist of Dr. E. P. Lachapelle (convener), Montreal; Dr. R. W. Powell, Ottawa; Dr. Daniel, M. P., St John; Lt.-Col. Carleton Jones, Halifax; Dr. H. A. Bruce, Toronto; Dr. H. H. Chown, Winnipeg, with power to add to their number. Carried.

The president then referred to the amendment to the British Medical Act in the Imperial Houses of Parliament in charge of Lieut.-General Laurie, M. P. On motion of Dr. Walker, St. John, seconded by A. P. Reid, the general secretary was instructed to acknowledge to General Laurie, the thanks of the association for his interest in this matter.

Dr. Campbell reported that the auditors had examined the books and vouchers in the treasurer's hands and had found same correct and satisfactory. Dr. T. Walker moved, seconded by Dr. G. M. Campbell, that the report be received and adopted. Carried.

Dr. R. A. Reeve, Toronto, moved that the president be authorized to donate from the funds of the association a gift to the School for Blind, as an expression of thanks and good will, and as an exhibition of interest in the work of the institution. This was seconded by Dr. A. McPhedran, Toronto, and carried unanimously.

Moved by Dr. W. F. England, Winnipeg, seconded by Dr. H. A. Bruce, Toronto, that the general secretary be paid the usual honorarium. Carried.

Moved by Dr. H. L. Reddy, Montreal, and seconded by Dr. A. Stewart, Palmerston, that the thanks of the association be conveyed to the railways for their facilities for transportation to and from the meetings. Carried.

Moved by Dr. R. A. Reeve, Toronto, and seconded by Dr. A. McPhedran, Toronto, that the thanks of the association be conveyed to Dr. Fraser (Principal), and to the Directors of the School for the Blind. Carried.

Moved by Dr. H. A. Bruce, Toronto, and seconded by Dr. F. N. G. Starr, Toronto, that the thanks of the association be conveyed to the City and Halifax Clubs for the courtesies they extended to visiting members of the association. Carried.

Dr. A. P. Reid moved that the thanks of the association be tendered His Honour Lieutenant-Governor Jones, and the Mayor of Halifax for their cordial welcome extended to delegates. Carried.

Moved by Dr. H. L. Reddy, Montreal, and seconded by Dr. Thomas Walker, St. John, that the thanks of the Association be tendered to the Medical Society of Nova Scotia for their hospitality during the meeting.

Dr. Thomas Walker, St. John, moved that a cordial vote of thanks be presented to the President for the work he has performed, and for

the able manner in which he presided. This was seconded by Dr. R. A. Reeve, Toronto, and carried amidst cheers. Dr. Stewart replied.

Dr. H. A. Bruce, Toronto, moved, seconded by Dr. Murray McLaren, St. John, that the thanks of the Association be tendered to Lt.-Col. Carleton Jones, Chairman of the Committee of Arrangements, for the splendid entertainments provided for the members of the Association. Carried.

Moved by Dr. McKeen, seconded by Dr. Martin, that Lt.-Col. Jones' paper be now read. Carried.

Lieutenant-Colonel Carleton Jones then read his paper, entitled, "The Equipment of the Canadian Army Medical Corps."

Adjournment at 4, when all present inspected the hospital tents and army medical equipment on the grounds adjoining.

MEDICAL SECTION.—AFTERNOON.

DR. GRANT STEWART, *Chairman*.

Dr. A. P. Reid read "Atmospheric Humidity in Relation to Health." In discussing this paper, Dr. Laphorn Smith advised zinc tanks attached to the back of radiators, also the sprinkling of water over carpets, etc., in short, any method of keeping the air moist.

Dr. W. H. Hattie read "The Prodromata of Insanity." Discussion taken part in by Drs. Grant Stewart, A. P. Reid, Anglin and McPhedran.

Dr. Reid did not consider the average examination of mental condition by a medical man to be sufficiently elaborate.

Dr. Anglin emphasized the importance of the prodromata, as so many cases may be aborted by early treatment.

Dr. McPhedran's remarks were in support of the same idea. He thought that the profession should be in a position to take charge of cases before it is possible to certify insanity.

Dr. R. A. H. Mackeen did not consider home treatment practicable in most cases.

Dr. Hattie, in concluding, agreed with Dr. Mackeen, and recommended separate institutional treatment for the early cases.

Dr. D. G. J. Campbell read "Case Reports, (a) a case of chylothorax; (b) further notes on a case of myelogenous leukaemia with disappearance of the splenomegaly and myelocytes."

Dr. Finley mentioned a recent case of his own with chylous fluid present in the peritoneal cavity.

Dr. McPhedran, discussing case (b) questioned the efficiency of X-ray treatment or arsenic. He cited a case of spontaneous rupture of the spleen. No autopsy. He remarked that many anæmic patients cannot take arsenic at all.

Dr. Campbell, in replying, said that mast cells present to the extent of five per cent., denote myelogenous leukæmia.

Obituary.

Dr. John M. Purcell.—The death occurred on Sunday evening, Sept. 30th, after an illness extending over a period of two months, of Dr. John Martin Purcell, at the early age of 42 years. Although not in the best of health for some time, his family and friends did not look for a fatal termination. During the smallpox epidemic in Halifax a few years ago, he volunteered his services and remained at the Infectious Diseases Hospital for some months. Previous to assuming medicine as a profession, the doctor was with A. & W. Mackinlay, stationers, of this City, and he had the benefit of a mercantile, as well as a professional training. About three years ago he was appointed Assistant City Medical Officer, the duties of which he performed to the satisfaction to all concerned.

The deceased was a son of the late John Purcell, who conducted a large business on Upper Water Street, and he is survived by one brother and two sisters, the former being Peter of the Western Union Telegraph Co's staff. One sister is the widow of the late James N. Lyons, of this city, and the other is Sister Raphael, also of this city. His mother predeceased him by about a year.

Dr. Simon Fitch.—The death occurred on Sept. 13th, at his residence, 152 Spring Garden Road, of Dr. Simon Fitch, in his 86th. year. Dr. Fitch was born at Horton, N. S., and was educated at Edinburgh, Scotland, after taking a course at Acadia. He practiced his profession in Wolfville, St. John, N. B., Portland, New York and Halifax. He moved to this city in 1876, and worked up a large practice, which he carried on until a few years ago, when he retired. Dr. Fitch has had quite a distinguished career as a physician and surgeon.

He was twice married, his first wife being Miss Paddock, of St. John, N. B., and his second wife, who survives him, was a Miss Ackerman, of Portland, Maine. Besides his wife, he is survived by two sons and six daughters. The sons are Dr. T. S. P. Fitch of Orange, N. J., and Rev Frank St. John Fitch, pastor of the Baptist Church at Brandford, Conn.

The daughters are Mrs. DeGraw Moore of Prince's Lodge; Mrs. L. J. McGhee, of Halifax, and the Misses Amelia, Adelaide, Margaret and Edith Fitch, of Halifax.

The remains were taken to Wolfville for interment.

The deceased was a highly esteemed resident of Halifax, and was and was one of the oldest physicians in Nova Scotia.

Dr. J. A. McKenzie.—The death of Dr. J. A. McKenzie, Assistant Superintendent, Nova Scotia Hospital, occurred on the 12th inst. after only a few days illness.

It was a sudden summons to the Great Beyond, and came as a great shock to his many friends and relatives. (An extended obituary will be published in next issue.)

Personals.

Dr. Clarence Buckley, who has been seriously ill for some weeks, has, we are pleased to state, shown signs of considerable improvement.

The sudden death of Mrs. Eagar, wife of **Dr. W. H. Eagar**, of this city, was a shock to her many friends. She will ever be remembered for her kindness of heart, which was so evident at the recent meeting of the Canadian Medical Association. No lady was so arduous in attending to the social entertainment of the visiting ladies as Mrs. Eagar, and her bright and cheery manner won her numerous friends on that occasion. The NEWS extends its heartfelt sympathy to Dr. Eagar in his great bereavement.

Dr. H. M. Hare, is now at Harrington, Labrador, overseeing the construction of a new hospital. He will be away from the city for some months.

Therapeutic Notes.

WE CANNOT BE TOO OFTEN REMINDED.—In treating diseases of women, particularly those due to Menstrual Irregularities, Hayden's Viburnum Compound, enjoys an enviable reputation.

Young girls arriving at womanhood are relieved of many of those agonizing sensations incidental at this critical period by the administration of "H. V. C." In painful or delayed menstruation it affords relief and the genuine "H. V. C." can be prescribed with an assurance of satisfactory results.



THE STAGE OF EXHAUSTION.—In the treatment of alcoholism and dipsomania, the physician is called to the case at the stage of exhaustion or prostration and the general derangement of nearly every function. Neurosis, cerebral congestion, cardiac acceleration, gastric and mesenteric disturbance, nausea, retching, intolerance of food, intense irritation, insomnia and an endless variety of morbid sequelæ, require prompt attention.

It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms so distressing and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia and Codeine Tablet (antikamnia gr $4\frac{3}{4}$, codeine gr. $\frac{1}{4}$) every fifteen minutes to a half hour, until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the circulation will modify, the cardiac pains subside, the tremor, anxiety and morbid vigilance will give away to rest, quiet, calm and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

The superior results obtained with "Antikamnia and Codeine Tablets" are due in a great measure, to the fact that the manufacturers refine and purify all of the codeia which enters into these tablets, and this prevents the constipation, depression and habit which frequently follow the administration of preparations containing ordinary commercial codeia.

SANMETTO A SOOTHING REMEDY TO THE IRRITABLE OR INFLAMED GENITO-URINARY TRACT.—I am well pleased with Sanmetto. It seems to divest the urine of its morbid or irritating properties, and has a soothing tendency in case of irritable or inflamed urethra.

Wichita, Kans.

JAS. B. WINN, M. D.

THE
MARITIME MEDICAL NEWS.

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Original Communications.

THE GROWTH AND ORGANIZATION OF THE MEDICAL
PROFESSION IN NOVA SCOTIA.*

By D. A. CAMPBELL, M. D., Halifax.

(Concluded.)

HALIFAX.

A fleet of transports, with 2,576 immigrants, of which 1,546 were adult males, sailed for Chebucto Bay, under the command of Hon. Edward Cornwallis. New Englanders also came in considerable numbers, and contributed largely to the success of the undertaking. The plan of the town was quickly made, building lots were assigned to the settlers, and before winter closed in all were under shelter. A little later a German colony was planted at Lunenburg.

In 1758 Louisburg was captured by General Wolfe, and Quebec in 1759. With British rule thus assured immigrants from New England and elsewhere soon began to flow into the country and to occupy the fertile lands and the best fishing stations, so that by 1770 there was an estimated population of 13,000 in the Nova Scotia of that day.

During the progress of the war between England and the revolted colonies of New England, many adherents of the Royal cause were driven from their homes and sought refuge in Nova Scotia. After the evacuation of Boston about two thousand refugees came to Halifax with the British forces. When the war closed large numbers of Loyalists withdrew from the United States, the greater part settling in Ontario and Nova Scotia. They consisted chiefly of the middle and upper classes, and were an intelligent and enterprising body of men, of sterling character. They diffused themselves quite generally among the older colonists, and also laid the foundation of new settlements in widely scattered parts of the province.

Among the 2,500 settlers who came to found Halifax in 1749 there were twenty eight medical men. Eleven of the number were accompanied by their families, which indicates that they, at least, came with the intention of staying in the country. All, probably, were surgeons, thrown out of employment at the termination of the war with France, who were thus willing to accept a free trip to America and a grant of two hundred acres of land. How bitter must have been their disappointment when they beheld for the first time an unbroken expanse of forest, and realized that this was the home upon which they had based great hopes. Some found employment in connection with the hospital which had been established, but this did not last long, as the home authorities complained to Cornwallis that he supported too many surgeons and apothecaries. Only three out of the twenty-eight appear to have had the courage to face such future. These remained with the other colonists, shared their hardships, and achieved some measure of success. The names of the three were Robert Grant, John Steele, and Alexander Abercrombie. These were the pioneers in medicine in Halifax. Grant became a member of the House of Assembly; and Abercrombie, when he died twenty-eight years later, was deeply lamented, both for his medical skill and his benevolent disposition. The fate of the other twenty-five is unknown.

Only one physician accompanied the 1,500 German colonists who settled at Lunenburg, and it is uncertain whether he remained in the country. The New England and North of Ireland settlers, who came to the province prior to the Revolutionary War, were usually able to obtain medical aid. The missionaries, who regularly visited

the sparsely settled and remote districts, had some medical knowledge. At some points the garrison surgeons looked after the sick. A few physicians came from New England and engaged in practice in the more thriving districts. Of these latter the professional knowledge and skill may not have been great, but they were usually resolute, enterprising men, and useful members of the community in which they lived.

A large number of medical men accompanied the Loyalists. They, were well qualified. The majority had served as surgeons during the war and their influence in improving the status of the medical profession was marked, owing to their number, skill, and strong personality. In respect to the effect of the Revolutionary War on the fortunes of physicians and surgeons, Sabine remarks :

“The physicians who adhered to the Crown were numerous, and the proportion of Whigs in the profession of medicine was probably less than in either that of law or theology. But unlike persons of the latter callings, most of the physicians remained in the country and quietly pursued their business. There seems to have been an understanding that though pulpits should be closed, and litigation be suspended, the sick should not be deprived of their regular and freely chosen attendants. I have been surprised to find from verbal communications, and from various other sources, that while the ‘Tory doctors’ were as zealous and as fearless in the expression of their sentiments as Tory ministers and Tory lawyers, their persons and their property were generally respected, in towns and villages where little or no regard was paid to the bodies and estates of gentlemen of the robe and surplice. Some, however, were less fortunate, and the dealing of the Sons of Liberty were occasionally harsh and exceedingly vexatious. A few of the Loyalist physicians were banished ; others, and these chiefly who became surgeons in the army or provincial corps, settled in Nova Scotia or New Brunswick, where they resumed practice.”

I feel sir, that this address bids fair to become too long, and there is still much ground to be covered. It seems desirable, therefore, that I should present the chief remaining facts of this subject in a summary form, and for this purpose it appears best to select certain important points, and to group the facts around those dates.

1749-1790.

The first date I have chosen is 1790, as we have an estimate of the population for that year. Prior to that date the population fluctuated very considerably; afterwards it steadily increased. The estimated population of Nova Scotia, in 1790, was about 35,000. The number of practitioners in the province at that time, as far as I have been able to ascertain, after considerable research, was thirty-five, a very large number when we consider the slender resources of the inhabitants and the limited extent of the settled area. The presence of so many practitioners at that early period is explained by the circumstances that fully one-third of the number held permanent appointments in connection with the military establishments at Halifax, Windsor, Annapolis, Shelburne, and Sydney—appointments which they had received as a partial compensation of the losses they had sustained by Revolution. Their official duties were light, and gave them ample time for general practice. After the founding of Halifax about nine-tenths of the physicians who came to Nova Scotia came from New England, and of the thirty-five practitioners in 1790 fully three-fourths were Loyalists. The latter did much to create that ingrained respect and loyalty towards the profession which is a characteristic of Nova Scotians, and this was accomplished by the individuality and force of character of those men as well as by their professional skill. The inscription on the tombstone of Dr. John Haliburton, in the old St. Paul's Cemetery, might not unfittingly be applied to each one of them:

“ If unshaken loyalty to his King, steady attachment to his friends, active benevolence to the destitute, and humble confidence in God, can perpetuate his memory, he will not be forgotten.”

1790-1828.

After 1790 no distinctive event stands out from which we can look back upon the growth of the profession, until the year 1828, when an Act to regulate the practice of medicine was passed by the legislature. During this period of thirty-eight years the population had risen from 35,000 to 150,000—an increase largely due to an extensive immigration from the Highlands of Scotland. The older settlements had

made substantial progress, and afforded an improved field for practice. The number of medical men had increased from 35 to 65; but the ratio to population had fallen from one in about 1,000 to one in about 2,300.

Two of those in practice in 1790 still survived—Jonathan Woodbury, of Annapolis, who came to the province as early as 1763, and Joseph Norman Bond, of Yarmouth, a veteran of the Revolutionary War, who enjoys the distinction of being the first medical man to perform vaccination in Nova Scotia. This was in 1802.

The additions to the ranks of the profession, during this period, were principally British graduates, who brought with them the traditions and customs of the profession in Great Britain. Many of them were retired army and navy surgeons, who had seen considerable service, and were accustomed to order, discipline, and regulations. Their personal influence proved a potent factor in improving the status of the profession; their intimacy both with their comrades in active service and with the practitioners of the province became a means of diffusing throughout the country a knowledge of the advances and improvements in our art, at a time when communication was slow and uncertain, and professional periodicals were still in the stage of infancy.

During this period a few medical men also came from the United States. About 1800, we note the appearance of native Nova Scotians, who had studied either in Great Britain or in the neighboring republic. Towards the close of this period there was a decided increase in the number of these. The first Nova Scotians were: Samuel Head, of Halifax, son of Dr. Micheal Head, who came from Ireland to the province shortly after 1856: David B. Lynd, of Truro, a graduate University of Pennsylvania; Robert Bayard, of Cornwallis, a graduate of Edinburgh, better known in New Brunswick than in his native province; and W. B. Almon, of Halifax, also an M. D. of Edinburgh, and son of Dr. W. J. Almon, who first came to Halifax during the Revolutionary War. All of these were in practice in 1810.

The preamble to the Medical Act, and a subsequent amendment, point to the presence of a number of unqualified practitioners, especially in districts where medical aid could not be easily obtained. Many of these were men who had gained some knowledge, either

through apprenticeship or a partial course at some college. Generally speaking, they were a deserving class, and should not be regarded in the same light as quacks and pretenders.

The early practitioners had to encounter many hardships and difficulties, except in the more populous districts. Many of the roads were mere bridle paths through the forest. Streams had to be forded. Water carriage, when available, was regarded as a boon. In the winter, snowshoes were often necessary to complete a journey. Accommodation was very poor; domestic comforts were few; medical periodicals did not exist, and libraries were limited to a few volumes. The serious emergencies of a mixed practice had to be surmounted single-handed. Yet, in spite of all these disadvantages educated men toiled through long years, serving well their generation, and adding their quota to the slow but steady advancement of their profession.

Another point worthy of note is that, owing to the scarcity of educated laymen, and the absence of lawyers outside of Halifax, the doctors also rendered service to the public in the capacity of magistrates, judges of the Inferior Court of Common Pleas, prothonotaries, sheriffs, judges of probate, and they were frequently elected to the House of Assembly. This added to their labor and perhaps their income, and widened the sphere of their influence. It may be affirmed with justice that no other class gave more useful service to the public than the physicians; nor do the best men of the past suffer by comparison with the leaders of to-day; and they have left us patterns of humanity and energy well worthy of imitation.

1828-1854.

The next important step in the progress of the profession was the formation of the Medical Society of Nova Scotia in 1854. This association grew out of, or rather was an expansion of, the Medical Society of Halifax, which had been formed in 1844.

Between 1828 and 1854 the population had nearly doubled, chiefly through natural increase, and the number of practitioners had risen from 62 to 120. An analysis of the list of practitioners in 1854 indicates that more than one-half of them had been born in the province, Of the total number 50 per cent. had been educated in the United States, 35 per cent. in Great Britain, and 17 per cent. were provincial

licentiates. During this period the medical supply reached its lowest ebb, because but few practitioners came from abroad, and the cost of a complete medical education in a foreign country was greater than many Nova Scotians could afford. Quackery became prevalent and offensive. The petitions of medical men to the legislature had been disregarded, and the conviction became general that the only way to secure a remedy was by united action; hence the formation of the Medical Society of Nova Scotia.

1854-1872.

The next period, extending from 1854 to 1872, when a new Medical Act of great importance was secured, is characterized by a less rapid expansion of the population, owing to the fact that the era of emigration from the province had begun. But for the people who remained there was a better medical supply.

The new medical society soon made its influence felt. For some years its efforts were concentrated upon safe-guarding the interests of the profession and the promotion of measures to improve the public health. In 1856 the old Medical Act was amended, and new provisions were added to repress unqualified practice. A tariff of fees was framed; a code of ethics adopted; better remuneration for public services was secured; health legislation was improved, and an act for the collection of vital statistics was obtained.

The union of the provinces in 1867 widened the outlook of the profession; and the new order of things was promptly signalized by the formation, that year, of this Canadian Medical Association. And here permit me to refer to the fact that the honor of first presiding over the deliberations of this important organization was accorded to a Nova Scotian, a gentleman of high standing in the profession, but one whose widely-recognized pre-eminence as a political leader and constructive statesman of high standing has caused his professional career to be almost forgotten—I refer, of course, to the Hon. Sir Charles Tupper. And I cannot omit mention of the second president of this association, also a Nova Scotian, and the ablest practitioner in the province, chosen for that place of honor because of his sterling character, public spirit and successful professional career, one who fortunately is still with us, an inspiring influence for all that is noble and good—I refer, of course, to Hon. Dr. Parker.

In the same year, 1867, the Medical Society of Nova Scotia was

reorganized. Up to that time the society had held all its meetings in Halifax. It was then decided to hold the annual meeting at different points in the province, with the view of securing the more hearty co-operation of members in the various parts of the country.

In 1867, also, a medical school was founded in Halifax in connection with Dalhousie College. At first nothing more than a short preparatory course, during the summer months, was aimed at. The venture met with success, and in 1870 it was decided to establish a full course of study and to confer degrees. This project encountered considerable opposition at first, and was not approved by the Medical Society. The supporters of the medical school took advantage of a strong and growing sentiment in the profession in favor of a more prolonged period of study than was required in the schools of the United States, from which the great majority of students obtained a qualification; and they took steps to secure the adoption of a new Medical Act, succeeding in 1872. The existence of a medical school within the province lessened materially the force of the objection raised in the legislature that the cost of a more prolonged period of study would restrict competition, and seriously affect the medical supply of the more sparsely settled districts. The propriety of founding a school at that time has been fully proved by the important part which it has played in promoting and maintaining a greatly improved system of medical education.

1872-1905.

Before considering the Medical Act of 1872, mention may be made of some minor events which have resulted in good. The Nova Scotia branch of the British Medical Association, formed in 1887, which meets at Halifax during the winter months, and the Maritime Medical Association, formed in 1891, which holds its annual meeting alternately in the three capitals of the Maritime Provinces, have greatly promoted harmony and good feeling, as well as mutual improvement. The MARITIME MEDICAL NEWS, founded in 1888, has been of material benefit to the various associations by preserving in an accessible form a record of their proceedings, and of their more valuable contributions.

The medical legislation in 1872 is of so much importance that I trust you will pardon me for giving an account of various steps leading to it. By medical legislation I mean, of course, enactments designed to regulate the study and practice of medicine, it being

generally conceded that the state has full power in this respect. The basis of medical legislation is the necessity of affording protection to the people against ignorant persons and pretenders. The intention of such legislation is to secure a standard of professional education to be exacted of every one who is desirous of engaging in the practice of medicine, and such standard is obtained in various ways needless to specify.

The first step was taken while the military element in the profession predominated, and was perhaps suggested by the Medical Acts of Upper and Lower Canada. The Medical Act of 1828 is very brief, and is entitled, "An Act to Exclude Ignorant and Unskilful Persons from the Practice of Physic and Surgery." Its substance is as follows: No person shall demand or recover any fee or reward for medical or surgical aid unless he has a diploma from some college legally authorized to grant the same, or of having been examined in respect to his professional capacity by judges to be appointed by the Governor-in-Council." The Act being simple in character and adapted to the wants of that period, had some influence in restraining irregular practice, and it afforded partially instructed and deserving men already in practice a chance to obtain a legal qualification.

Next came the Act of 1856, promoted by the Medical Society of Nova Scotia. It provided for the registration of qualifications in the office of the Provincial Secretary. In addition to being unable to recover fees for services, unregistered persons were prohibited from holding provincial medical appointments, and were also liable to a fine of £5 for practising. Persons with defective qualifications could still become duly qualified by passing an examination before a board of examiners. This Act, like the previous one, was moderate in its provisions, and free from objectionable features. It remedied some defects which practical experience had shown to exist in the former measure.

The Act of 1872 conferred the privilege of self-government, as its provisions secure to representatives of the profession full control of all matters relating to medical education, registration and discipline. The Act has since been frequently amended, but its essential features remain unchanged, and as they are similar to those of other provinces, further explanation is not necessary. But the composition of the

governing body, and its policy in respect to some questions, demand brief consideration.

The profession as a whole is not incorporated in Nova Scotia as it is in Ontario. The Act makes provision for a body corporate, called the "Provincial Medical Board," consisting of thirteen qualified medical practitioners, of not less than seven years' standing—seven to be appointed by the Governor-in-Council for life, and six to be elected triennially by the Medical Society of Nova Scotia. No other provision is made for collegiate representation, and there is no annual tax as in other provinces, the revenue being obtained wholly from examination and registration fees.

Until quite recently the requirements for registration differed in one important respect from those in other provinces, inasmuch as submission to a professional examination was not required from holders of diplomas from reputable schools, obtained after a sufficient course of study. Instead of examination the board insisted upon a rigid compliance with all its regulations relating to the preliminary examinations, period of study, and course of study—tests which effectually excluded applicants from schools of doubtful repute. This policy enabled the board, while maintaining the status of the profession, to keep an "open door" for licentiates from other provinces—a courtesy which so far has met with no reciprocal recognition. At the same time honest men from schools of good repute were spared "vexatious penalties of mind and body."

The principle of state examination was adopted a few years ago, not through conviction of its merits or necessity as a test of professional fitness, but from a desire to co-operate with other provinces in a general scheme of reciprocity. For the past three years an examination in the practical subjects has been demanded from all applicants for license, and the day is probably not far distant when the policy of the board, in this respect, will be adopted by other provinces, as it is now very generally recognized that medical boards and councils have not the requisite equipment, and can scarcely provide competent and independent examiners, to conduct examinations in the scientific subjects on the lines of the more recent methods of instruction.

The Act of 1872 proved an important factor in causing a diversion of students from American to Canadian schools.

The ever-increasing proportion of Canadian graduates added yearly to the Medical Register is a marked feature of this period, and is worthy of special notice. An analysis of the Medical Register of 1875—thirty years ago—shows that of the whole number of practitioners, 78 per cent. were American graduates, 14 per cent. were British graduates, 2 per cent. were Canadian graduates, and 6 per cent. were Nova Scotia licentiates. A similar analysis of the Register of 1904-5 gives widely different results. Of the whole number, 53 per cent. were Canadian, 44 per cent. were American, and 3 per cent. were British graduates. The change in favor of Canadian schools is still more strongly illustrated by an analysis of the additions to the Register from 1895 to 1904. Of the number added, 85.5 per cent. were Canadian, 14.2 per cent. were American, and 0.3 per cent. were British graduates. During the year 1904-5 the additions to the Register were exclusively Canadian graduates.

The predominance of the American graduates, numerically, has come to an end, but their influence, always exerted for good, will be felt for years to come; and it is pleasing to observe that the many evils which resulted from a lowering of the standard of medical education in the United States did not sensibly affect the status of the profession in Nova Scotia. This has been due in some measure to our geographical isolation, but chiefly to the circumstance that, from the earliest period down to the present time, the students from this province who went to the United States to obtain a qualification, have almost invariably selected the best schools in Boston, New York and Philadelphia.

The burden of maintaining and improving the status of our guild in this province, and throughout our great Dominion, is now fairly placed on the shoulders of Canadian graduates.

I fear, Mr. President and gentlemen, that I have rather overtaxed your patience, but trust that I have made it clear that our profession in this part of Canada has had a long and ever-widening history, and hope I have shown, by the citation of definite facts, that the profession in this province has, to say the very least, fully kept pace with the general progress of the country.

EIGHTEEN CONSECUTIVE CASES OF OPERATION FOR PERFORATED GASTRIC ULCER.*

By F. M. CAIRD, F. R. C. S. (EDIN.), Surgeon Royal Infirmary, Edinburgh.

Addressing, as I have the honour to do, a body of brother practitioners, I have sought to find a subject of general interest to all. I, therefore, direct your attention to personal experiences of a consecutive series of eighteen cases of perforated gastric ulcer, and in doing so crave pardon for inflicting upon you so much that is well known and commonplace.

We are ignorant of the direct cause of gastric ulcer. The ulcer may pursue a symptomless course, and there may be perfect health until the disastrous rupture into the peritoneal cavity takes place, and even then the diagnosis may be obscure. As a rule, however, there are very definite indications which lead us to a correct conclusion. A history of indigestion can nearly always be obtained, either of recent date and comparatively mild, or prolonged and intermittent. The dyspepsia is associated with pain after food and with vomiting, which often gives relief. The more classic evidences of gastric ulcer, hæmatemesis and mælena, are usually lacking. Perforation may occur at any time, and under any circumstances, and is favored by muscular strain. Sudden intense pain, referred to the umbilical region, gives warning of the perforation. The patient becomes faint and collapsed, has to lie down, and generally vomits. As a rule the passage of flatus ceases, and symptoms simulating those of obstruction may arise. Occasionally there is a movement of the bowels.

The initial condition of shock varies in degree and prolongation. Generalized abdominal pain is felt; the abdomen becomes board-like and rigid, no longer participating in the respiratory wave. The most useful indication of danger is found in the shabby, rapidly quickening, pulse. Respiration increases and the temperature has a tendency to rise. On palpation the abdominal wall is hyperæsthetic, and marked local tenderness is evinced in the epigastric region and above the pubis. There may be diminished liver dullness.

*Address in Surgery delivered before the Canadian Medical Assoc., Halifax, Aug. 1905.

Rectal examination sometimes reveals tenderness, but there is rarely bulging in the pouch of Douglas. There is not any difficulty or pain experienced during micturition. Careful notes should be taken when the patient is first seen. On re-examination it may be found that the liver dullness has entirely disappeared. More especially is this noticed after the patient has been lifted or moved. The general symptoms tend to become rapidly aggravated and merge into those of general peritonitis.



Diagram of stomach to show sites of perforation: A., Cardiac Portion; B., Fundus; C., Middle; D., Pyloric Portion; E., Pylorus. The figures refer to the cases 2, 7, 15, 16 on the posterior aspect of the stomach.

Perforation of gastric ulcer, acute appendicitis, acute pancreatitis, and the rupture of carcinomatous ulcers of the intestine may mimic each other. Influenzal gastric pains, and the gastric colic associated with adhesions have occasionally led the surgeon astray. A small exploratory incision may be required to clear up a diagnosis in doubtful cases.

The salient features which determine operation are the sudden onset of painful symptoms, the previous history of gastric ailment, the localized epigastric and supra-pubic tenderness, along with the abdominal rigidity and changes in the extent of the liver dullness. To this we may add the progressive frequency of the pulse rate.

Perforations leading to acute symptoms occur mainly on the anterior aspect of the stomach where there is less chance of adhesion to neighboring structures. They are most frequent towards the lesser curvature and the pylorus. There may be more than one



CASE 14 (a.)—Mass of lymph, uniting liver and stomach; perforation hidden.

perforation. The ulcer varies in type from the characteristic small sharply cut terraced form, with comparatively healthy surroundings, to the large ragged rent in the midst of a chronic indurated perigastritis with oedematous serosa.

It would appear that as the acrid acid stomach contents escape into the peritoneal cavity that the whole serous membrane reacts, and rapid effusion of an alkaline nature takes place which neutralizes the acid secretion. The greater portion of the fluid found at operations

is due to this source. Blue litmus paper acquires a deeper tint by contact with it, and is not reddened till close to or at the margin of the perforation.

The fluid abounds in greatest quantity in the vicinity of the rupture under the diaphragm. It accumulates markedly in the pouch of Douglas, and is there associated with the characteristic supra-pubic and rectal tenderness. In posterior perforations it may be encysted in the lesser omental sac. The more dependent portion of the collections become rapidly purulent.



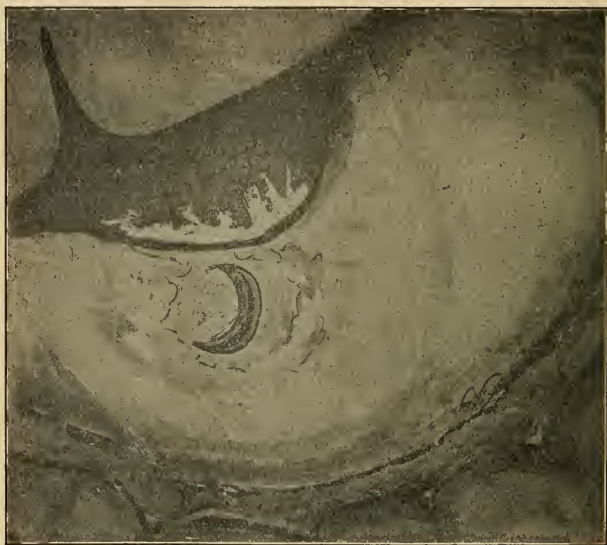
CASE 14 (b).—Liver and lymph raised, exposing the perforation "X."

In perforated gastric ulcer we are already confronted with septic infection. We cannot therefore avail ourselves of the measures introduced by Mikulicz, the injection of nucleinic acid to create a prophylactic leucocytosis. As yet the method recently applied by the genius of Bier, in treating successfully acute and septic inflammation by means of local congestion is not available.

Our treatment at present consists of performing laparotomy, which enables us to prevent the further escape of gastric content. It allows us not only to get rid of what has already escaped, but in addition to

cleanse the peritoneum by careful washing out. It enables us to close the rent and to establish free drainage.

To do all this a general anæsthetic is required. When once the nature of the case is established it is wise to get free access by an extensive incision. We are guided in our search for the aperture by the lymph in its vicinity, by the nature of the escaping fluid, and the direction from which it wells. On identification the ulcer may be

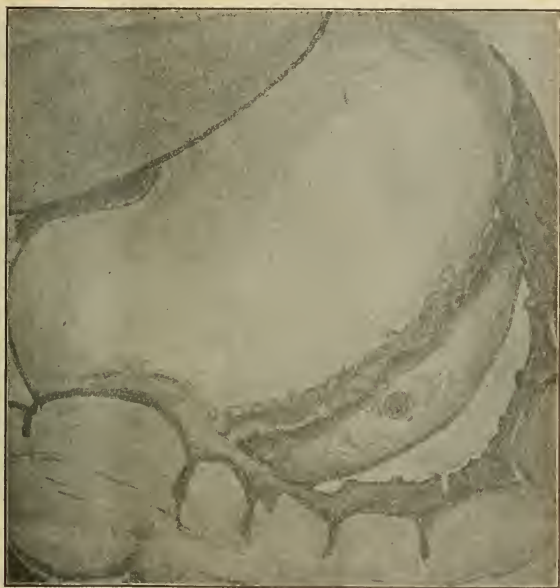


CASE 3.—Large anterior perforation, pyloric portion of stomach.

plugged with iodoform gauze, and we at once thoroughly wash out the abdominal cavity with sterilized salt solution. A counter opening should be made above the pubis and the glass nozzle of a douche introduced while the ulcer is being closed. Excision of the ulcer is not to be recommended. It means loss of time and loss of blood without corresponding gain.

Where there is much perigastritis with unyielding or a friable tissue, a series of interrupted Lembert sutures (silk) may be introduced at some little distance from the margin of the ulcer and tightened up en

masse. Over these a second series may be required. Occasionally a preliminary stitch or two may be used to transfix the whole thickness of the ulcer, and so diminish its size. A trace of iodoform may be rubbed in to favor plastic repair. If a gastro-jejunostomy be required it is now performed. The flushing out should be completed by douching every peritoneal recess till the saline returns perfectly clear. Finally the abdominal wound is closed. We have always left a large

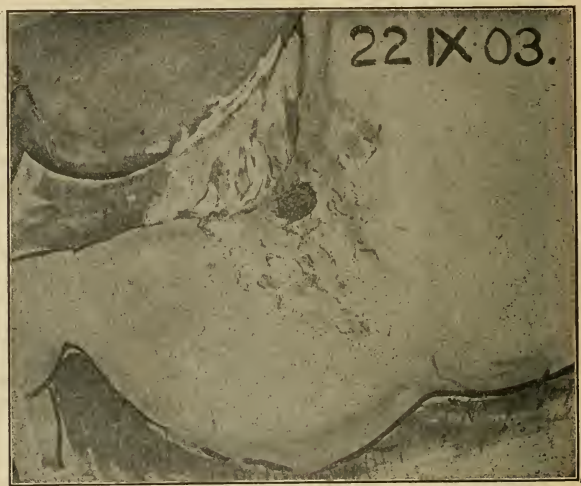


CASE 7.—Posterior perforation exposed by opening lesser sac.

Keith's tube in the pouch of Douglas, and have generally drained the site of perforation with a Mikulicz tampon and drainage tube.

The head of the patient's bed should be raised about six inches in order to favour the gravitation of any discharge from the dangerous absorptive region of the diaphragm towards the less susceptible pouch of Douglas.

Recovery is frequently uneventful. The chief factor affecting the issue is the nature of the organisms liberated within the peritoneal cavity and the power of tissue resistance to the toxins evolved. Fortunately we do not meet with organisms of excessive virulence within the stomach, and when there is no stagnation or fermentation of the gastric contents, the highly acid nature of the gastric secretion which we so frequently meet in such cases, inhibits the growth of most microbes. An additional source of sepsis may be due to the



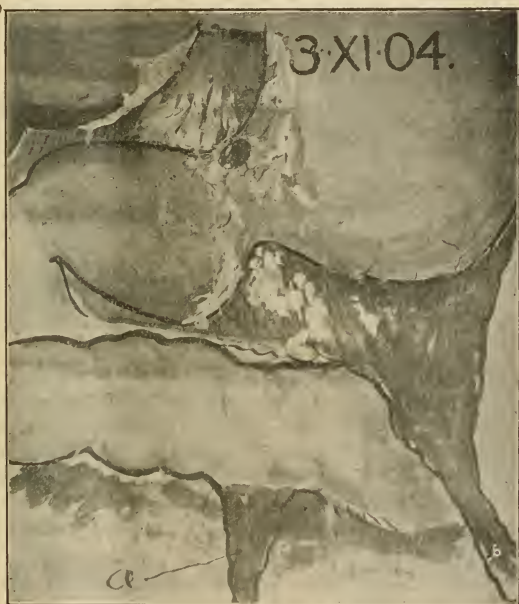
CASE 4.—Perforation near lesser curvature, early hour glass contraction of stomach.

damage inflicted by the gastric extravasation on the visceral peritoneum, permitting the passage of intestinal organisms. Hence the value of a speedy recognition of the serious nature of the lesion, and the success which is likely to crown an early operation.

Naturally the size and position of the perforation, the date and the nature of the last meal, and the amount of material which escapes into the peritoneum are obviously of moment.

The chief prognostic is the pulse. A rate of 120 is to be feared, 130 and over to be dreaded. Temperature is of less value. The course after operation may be full of anxiety, requiring the exercise of

extreme watchfulness and care. The pronounced thirst due to the loss of fluid by the peritoneal effusion may be allayed by rectal salines administered every four hours. The urine should be carefully examined and morphine given as indicated. If the pulse fail in strength and fullness and increase in rate, intravenous saline transfusion is most beneficial. One litre may be given, and when improvement is maintained thereafter for a couple of hours, even if there be a



CASE 14.—Second perforation in Case 4, fourteen months after last operation: marked hour-glass contraction; omental bands adherent to vicinity of umbilicus "A," and to lateral aspect of abdominal wall "B."

subsequent flagging of the pulse, transfusion may be freely repeated with every prospect of success.

Vomiting, if severe, persistent or accompanied by hæmatemesis, is best combatted by gastric lavage.

There were eighteen cases, thirteen female and four male. The patients varied in age. Most were between twenty and thirty years; the extremes were twelve and a half and seventy-one.

Three to twenty hours had elapsed between perforation and operation in fourteen cases; of these eight recovered, six died. Between twenty-one and thirty hours, two recovered, one died. One case recovered fifty hours after rupture.

The rapidity of the pulse as a prognostic is emphasized when we observe that in five of the fatal cases the pulse was over 130 before operation. We lost, however, one where the pulse was only 112, but the patient was seventy-one years old.

There were seven deaths in all; four females and three males. It was impossible to save Case 9 whose omentum was already gangrenous, or Case 16, with uræmia due to advanced congenital cystic disease of the kidneys.

It will be seen that the mortality is not excessive, and that an early diagnosis may do much to render operation for gastric ulcer highly successful. There is no reason why the judicious country practitioner should not act in emergencies, and by a comparatively simple operation, not in itself dangerous, save lives that otherwise might incur still greater risk were they sent to a distant hospital.

Some points in regard to history, leucocytosis, micro-organisms, and after complications, may be ascertained from the accompanying table. The plates serve to illustrate the appearance and position of the perforations. It would ill-become us in this section to meet without paying our tribute of reverence to the memory of our late Professor Mikulicz Radecki of Breslau.

In Mikulicz, the alert glance, so full of sunshine, the deft, dainty yet powerful hand proclaimed the artist. His wondrously versatile scientific work, his earnest quest of truth, his whole life history breathed forth the catholic spirit of a true humanity.

A pupil of Billroth, a follower of the principles laid down by Lister, he was the pioneer and perfecter of aseptic methods. Carried off in the day of his strength by that disease, cancer of the stomach, the fell ravages of which he had himself done so much to mitigate, he has left an enduring fame as a great surgeon.

Name, Age, Occupation, Date of Operation, Event.	Previous History.	Onset.	Provisional Treatment.	Condition Prior to Operation.	Local Condition.	Operation.	Aftercourse.
1 Mr. W. L., 91; cabinet maker; 16, xii, '01; 26 hours; recovered.	Indigestion, several years, pain across stomach for 3 weeks.	Sudden, 3 hours after hearty breakfast, severe pain causing him to fall down; vomited shortly after and later twice or thrice.	Opium by mouth, and morphine.	P. 110; T. 108.8; R. 26; pain and tenderness over rectum, especially tender above and to right of umbilicus; liver dullness less, quite gone within an hour; rectal tenderness.	Small ulcer, anterior near pylorus; perigastric clear fluid and lymph.	CHCl ₃ ; upper part of abdomen dried out; pelvis washed out; drainage.	Good recovery.
2 Miss A. G., 23; domestic servant; 14, x, '02; 50 hours; recovery.	Two years' ago, pain after food and anemia, well since.	Sudden pain at left costal margin, left shoulder and axilla, when lifting a couple of boxes; had no ill effects; vomited once blackish fluid.	Whiskey; poultices.	P. 125; T. 99; R. 26; tumid abdomen; general tenderness, maximum at left costal margin.	Large ulcer near pylorus on posterior wall.	Ditto.	Good recovery.
3 Miss L. T., 22; domestic servant; 21, iv, '03; 4 hours; recovered.	Five years' indigestion; hypogastric pain for 3 days.	Sudden.		P. 126; T. 110.6; R. 30; general acute tenderness; no liver dullness.	Large ulcer on anterior wall near pylorus and lesser curvature; much clear fluid, lymph and potato.	Whole peritoneal cavity dried out; drainage.	Good recovery.
4 Miss M. X., 21; housemaid; 22, ix, '03; 24 hours; recovered.	Three years' dyspepsia; hæmatemesis at New Year; passed blood by rectum from 17th to 20th September.	Sudden, violent pain and vomiting; action of bowels this morning.	Morphine.	P. 128; T. 100.6; R. 24; Great abdominal pain, felt also in chest and shoulders; rigid abdomen; general tenderness pronounced above umbilicus; liver dullness much diminished.	Small round ulcer, anterior, near lesser curvature, five inches from pylorus; slight tendency to hour glass contraction.	Ditto.	Good recovery; symptoms again came on; fresh rupture, 3, xi, '04; see Case 11.
5 Mrs. W., 37; 25, xi, '03; 17 hours; died.	Indigestion all her life; great tea drinker; during last six months increased pain radiating from the back to the abdomen, relieved by vomiting.	Sudden pain and collapse.		P. 145; T. 103; R. 40; very tender tumid abdomen; no liver dullness.	Large ulcer anterior aspect of pylorus.	Laparotomy with cocaine and adrenalin; CHCl ₃ in small amount; posterior gastro-hepatic jejunostomy since pylorus was narrowed after suture of ulcer; ditto.	Improved somewhat; than had to be transfused; died twelve hours after operation. Sectio: Roughening of diaphragmatic pleura, no leakage at sutures.

Name, Age, Occupation. Date of Operation. Event.	Previous History.	Onset.	Provisional Treatment.	Condition Prior to Operation.	Local Condition.	Operation.	Aftercourse.
6 Miss McE., 25; 31, i, '04; 18 hours; died.	Old indigestion.	Sudden, severe pain.		P. 124; T. 99.8; R. 36; does not look very ill; tender epigastria and supra-pubic regions; groins less so; rigid abdomen.	Small perforation, anterior, near lesser curvature.	CHOLs; whole peritoneal cavity washed out; drainage; died 18 hours after operation.	Did well till following afternoon, when pulse rose, coffee ground vomiting came on; pelvis washed out; result negative; died 18 hours after operation.
7 Miss N. B., 25; domestic servant; 20, ii, '04; 10 hours; recovered.	For some years pain and vomiting after food; very anemic during last 2 months; has vomited after every meal last week.	Awakened by sudden epigastric pain and fullness; bowels vomited; have acted once.		P. 102; T. 100.3; R. 24; abdomen rigid; general tenderness, marked in epigastrium; liver dullness slightly less; some rectal tenderness; leucocytes 7000	Small ulcer, posterior, near greater curvature in lesser sacc distended with fluid; no fluid in general cavity.	Ditto.	Sickness next day; stomach washed out; vomiting ceased; transfusion necessary at night; good recovery.
8 Mrs. H., 40; 13, iv, '04; 6 hours; died.	Pain after food and vomiting for some time.	Sudden epigastric pain and collapse.		P. 140; T. 100.8; R. 40; abdomen rigid and exceptionally tender.	Small ulcer, anterior aspect cardiac end midway between the curvatures.	Ditto.	Transfused at intervals of 4 to 6 hours; she held her ground for 24 hours and then sank, 33 hours after operation. Section: general peritonitis.
9 Mr. M. Y., 48; laborer; 26, x, '04; 24 hours; died.	Eight years indigestion; pain and vomiting after food; intemperate; a daughter died of perforated gastric ulcer.	Sudden vomiting of black matter at stool; acute epigastric pain.		P. 132; T. 97; R. 30; fixed abdomen, tender, especially over pubis; no liver dullness.	Small clean cut ulcer near posterior aspect of pylorus; coffee ground like fluid in peritoneum; gangrenous omentum.	Distended stomach emptied with trocar and cannula; removed gangrenous patches; ditto death on 7th day.	Transfused after operation; broncho-pneumonia, pulmonary abscess; rise of temperature; death on 7th day.
10 Miss Y., 27; 18, x, '04; 17 hours; recovered.	Has been under treatment for gastric neurotic pain and vomiting.	Sudden epigastric pain and vomiting.		P. 120; T. 100; liver dullness diminished.	Small ulcer near lesser curvature and pylorus.	Ditto.	Good recovery.
11 Miss M. Y., 23; housemaid; 3, xi, '04; 19 hours; recovery.	See former history Case 4; good health since operation for peritonitis; quite recently pain after food and vomiting.	Severe abdominal pain and vomiting.		P. 104; T. 98.4; R. 24, at 11 a. m.; did not look ill; slight abdominal pain and tenderness; abdominal resistance; liver dullness normal; at 3.30 p. m., P. 110, T. 101, R. 28; liver dullness gone.	Ulcer near o'd site; marked hour-glass contraction; many omental adhesions and bands.	Ditto; posterior gastrojejunostomy.	Good recovery.

Name, Age, Occupation, Date of operation.	Previous History.	Onset.	Provisional Treatment.	Condition Prior to Operation.	Local Condition.	Operation.	Aftercourse.
12 Miss B. K., 21; 19, xli, '04; 48 hours; died.	Epigastric pain after meals, shooting to back and shoulders, followed by vomiting of undigested food, eighteen minutes duration; better for a year, worse for last 12 months.	Severe epigastric pain and vomiting.		P. 168; T. 100.2; R. 32; whole abdomen very tender; tymid; no liver dullness.	Large ulcer near middle of lesser curvature; much fluid; flakes of lymph and food stuff.	CHOL ₂ ; peritonium washed out; drained.	Death.
13 Miss H., 34; 17, l, '05; 9 hours; recovered.	Two years ago had for two months pain after food; good health since; 14 days ago slight return of pain.	Sudden severe epigastric pain.		Pulse 100; T. 100; R. 28; anxious expression, rather high tension in hypochondria and left hypochondria; no tenderness between umbilicus and ensiform cartilage and above pubis; liver dullness gone.	Small ulcer near lesser curvature towards cardiac end; oedematous extra peritoneal tissue.	Ditto.	Good recovery.
14 Master A. P., 12½; 15, l, '05; 12 hours; recovered.	Pain after food for last 12 days, and slight cold.	Felt very ill; no great tenderness; vomited but passed a quiet night.	Hot fomentations.	P. 130; T. 101.2; tender abdomen; no liver dullness.	Small punched out near middle of lesser curvature.	Ditto.	Signs of right basal pneumonia on 3rd day, on 8th day both lungs affected; P. 126, T. 103, R. 48; after an anxious time got well; oxygen inhalation.
15 Mr. T. W., 71, dairyman; 14, iv, '05; 9 hours; died.	Three years ago an attack of vomiting, pain and constipation; one year ago a second; was an umbilical and double inguinal hernia.	Sudden sickness and vomiting of reddish material.	Opium.	P. 112; T. 98; R. 36; tenderness above and below umbilicus; liver dullness diminished.	Posterior aspect of pylorus, large ulcer; gas, fluid and gastric contents in quantity.	Ditto.	Died 8 hours after operation. Sctio; peritonitis, suturing intact.
16 Mr. J. F., 39, laborer; 5, v, '05; 18 hours; died.	Intemperate, no data.	Sudden abdominal pain; distension.		P. 136; T. 98; R. 40; patient had a peculiar dazed look; was not clear headed much fluid; pure culture and had dusky complexion.	Ulcer on anterior aspect of pylorus; much fluid; pure culture colon bacillus.	Ditto.	Rapid sinking; symptoms of peritonitis; bladder empty. Sctio; advanced congenital cystic disease of both kidneys; cysts in pancreas and mesentery, hypostatic congestion both lungs, peritonitis.

Name, Age, Occupation, Date of operation, Event.	Previous History.	Onset.	Provisional Treatment.	Condition prior to Operation.	Local Condition.	Operation.	Aftercourse.
17 Miss C. K., 35; 3, iv, '05; 13 hours; recovered.	For last 14 years intermittent attacks of sharp pain after meals in epigastrium and between the shoulders; vomiting since Xmas; well till last night; drinks much tea.	Sudden epigastric pain and vomiting.		P. 120; T. 99; R. 26; abdominal tenderness; liver dullness less.	Ulcer anterior aspect; cardiac portion, 2½ inches from lesser curvature; cultures from near rupture gave many colonies of streptococcus pyogenes, and a few of staphylococcus aureus; from the pouch of Douglas, pure culture staphylococcus pyogenes.	CHCl ₃ ; peritoneum washed out; drained.	Left sided pleurisy; aspirated 10th June; Fraenkels pneumonia; coccus; improvement; section of rib; streptococcus; still draining; abdomen dull.
18 Mrs. C., 29; 29, vii, '05; 14 hours; recovered.	For several years pain after food, relieved by meal; well since rel.	Sudden sharp shooting pain epigastric and umbilical regions and down left upper arm; it passed off completely but returned worse in 6 hours.		P. 140; T. 100; R. 24; pinched look; knees drawn up; tense painful abdomen; most tender in left hypochondriac and iliac regions; liver dullness normal; leucocytosis 8,600.	Large ulcer middle of anterior aspect of anterior greater catheter nearer greater curvature; much gas-tense painful abdomen; most tender in left hypochondriac and iliac regions; liver dullness normal; leucocytosis 8,600.	Ditto.	Good recovery.

"MCCURDYS MUST BE FED."

Some time ago we asked a fee
Which we believed was fair,
From each insurance company
For risks upon the square;
But, strange to say, we were opposed
By reasons strongly plead,
But now the solemn truth's disclosed—
"McCurdys must be fed."

The holders of the policy
'Twas said we'd victimize,
"If we insisted on such fee,"
"Could not be otherwise."
"The Great Insurance Institutes"
"To bankruptcy'd be led,"
But these were merely idle bruits,
"McCurdys must be fed"

We thought our honest toil deserved
At least a fair reward,
Our loyalty has never swerved
Insurance companies toward;
Yet whilst these companies get rich
We heard the wolf's prowling dread,
And quite forgot at such a pitch,
"McCurdys must be fed."

But since the late developments
Across the "Border Line,"
We see ourselves as malecontents
On history's pages shine
We used to think we were ill-used
Until new light was shed
Upon confusion worse confused.
"McCurdys must be fed."

As M. D.'s we're content to starve,
A philanthropic view,
Or, better yet, we try to carve
Our way to fortune through.
But that we asked e'en righteous fees
It never shall be said
At the expense of poor McC's—
"McCurdys must be fed"

Our wives and children, "God's own poor,"
Who with us e'er abide,
It matters little to secure
'Gainst ills on every side,
So long as clever, cool McC's
Finds asses to be bled.
"Go straight to Sheol if you please,"
"McCurdys must be fed."

Poor McC's! To starve is pitiful,
We've been there in our craft,
But never with the strenuous pull
That hundred thousand graft.
Men talk of Hades, say 'tis hot,
It may be so, and red,
But whether it is hot or not,
"McCurdys must be fed."

M. A. H.

OPENING OF THE PAYZANT MEMORIAL HOSPITAL.

The Payzant Memorial Hospital was opened at Windsor, N. S., on the afternoon of October 24th, in the presence of a large number of spectators.

Mayor Arthur Armstrong expressed his pleasure in having present Hon. G. H. Murray, the Premier of the Province.

Speeches were delivered by Premier Murray, Attorney-General Drysdale, and Dr. J. B. Black, M. P., who has taken great interest in the building of this well equipped hospital.

The Payzant Memorial Hospital was established by a bequest of \$20,000 in the will of Godfrey P. Payzant. Mr. Payzant founded the late Commercial Bank of Windsor, and was its first president, and continued president up to the time of his death, a period of thirty years. This bank was incorporated with the Union Bank of Halifax on the 31st day of October, 1902.

By the 39th clause of his will Mr. Payzant devised the sum of \$20,000 to the corporation of the Town of Windsor, to assist in building, maintaining and supporting an hospital for the sick, diseased and suffering of all classes, as soon as a like sum of \$20,000 was raised by the corporation. If this additional sum was not obtained in seven years after his decease, his executors were directed to pay over and divide the \$20,000, share and share alike, between Godfrey Payzant and Charles Bradshaw Paulin.

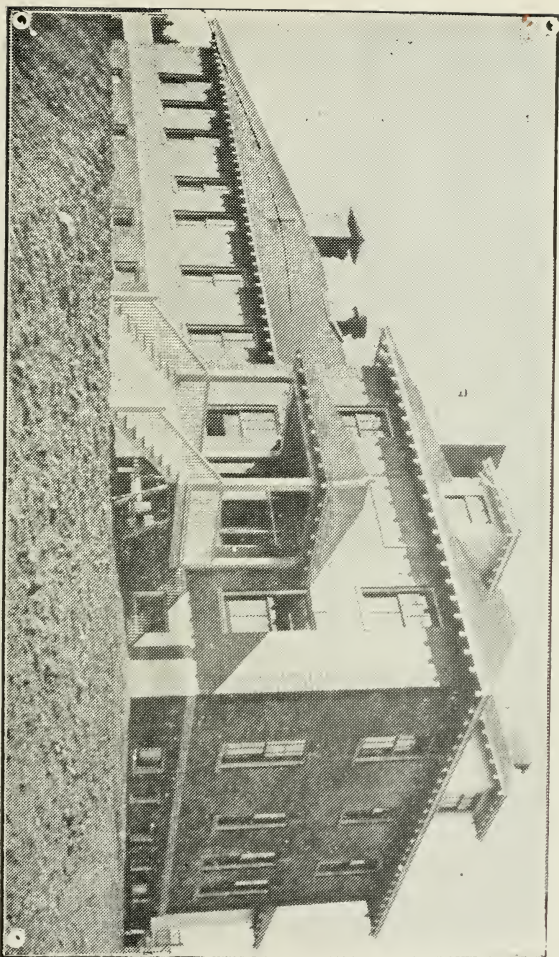
It was owing to the Premier's generous liberality, in connection with the Attorney-General, that the grant of \$14,000 was made by the legislature of Nova Scotia. Without that grant the institution could not have been built.

For Sale

Goodwill of Practice and Drug Business, also stock. Will rent or sell store, house etc. Bargain. Apply

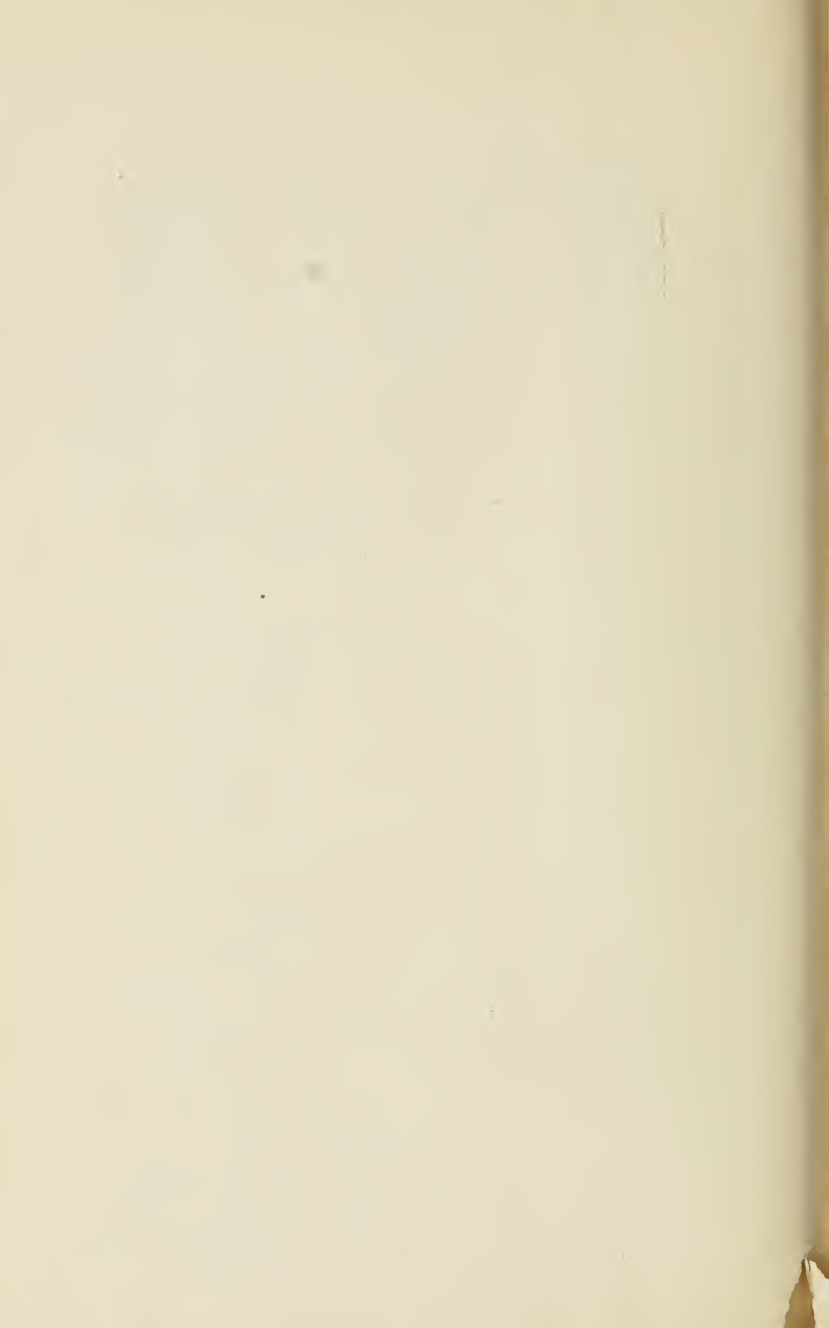
Doctor B.

MARITIME MEDICAL NEWS.



PAYZANT MEMORIAL HOSPITAL.

Compliments of the Chronicle Pub. Co.



THE MARITIME MEDICAL NEWS.

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Editorial.

LIFE INSURANCE COMPANIES AND THEIR EXAMINERS.

The principal subject of discussion at the annual meeting of the Medical Society of Nova Scotia, held in Lunenburg, in July, was the fee for examination in life insurance. Interest and importance were lent to the discussion from the presence of distinguished officials of the life insurance companies, and when the President of the Life Insurance Officers Association declared that the insurance companies could not afford to pay a fee of five dollars to their examiners, he was listened to with the respectful attention which his earnestness and urbanity deserved. The members of the Society felt that Mr. Hilliard spoke from conviction, but the arguments which satisfied him were unconvincing to them.

We shall not here attempt to investigate the data or the arguments which the insurance corporations marshal in their own support. We simply assert what we believe to be the truth, that there is not a medical man in the maritime provinces who does not believe that a five dollar fee is quite possible for the companies.

Any one who has given attention to the vast increase in the extent of life insurance of late years, who considers the balance between premiums and claims, and who may have knowledge of the princely incomes secured in agencies and commissions, must hesitate to accept the view of those who hold that a five dollar fee is impracticable. If

any doubt did exist in the mind of any one, we think it should be dissipated by the revelations of the past few weeks as to the business of life insurance in the United States. And if a New York company, paying such colossal salaries and commissions as we read of, can still have enough money left to pay its examiners a five dollar fee, it is surely a reflection on the business capacity of those companies who confess themselves unable to do so.

But it is from the professional and not the commercial standpoint that we should consider the question of the fee. The custom of increasing the fee according to the amount of the policy is radically wrong. The examiner seems to be regarded, to a certain extent, as a partner in the transaction; the bigger the policy the bigger his share. But why, if this view is adopted, should the fee stop at five dollars? A policy for fifty or one hundred thousand would then be a very pretty windfall for the examiner. But the examiner is not a partner; he is an officer of the company, and not salaried, but paid for work done; and his work is the same, whether the policy be one thousand or one hundred thousand. Or it should be the same, for it is pretty well recognized now that the examination of the urine, sometimes paid for as an extra, should be an essential part of every examination. This custom of an increase in fee, depending simply on increase in value of policy is derogatory to the profession, as indicating that thoroughness of work depends upon the financial interests at stake, whereas it is the glory of the profession that it treats the mechanic and the millionaire alike, to the best it has.

The fee for examination should be a fixed fee, irrespective of the amount of insurance applied for. Of course, if in the event of a very large risk, a company desires any special, or repeated examination, this should also be paid for in the ordinary way. We are emphatically of opinion that the fee should be five dollars. If the work is hurriedly and carelessly done it is a farce, and had better not be done at all. If it is well done the fee should bear the same footing as the ordinary consultation fee. The company is not content with the opinion of its examiner. It expects him to make a searching enquiry into the heredity and the medical history of the applicant, and to put to him questions of the most personal character, as well as to make the ordinary physical examination. We suppose the chief medical officer of the company desires to see in clear statement the grounds on which his colleague has arrived at the conclusion that the

applicant is, or is not, suitable. The transaction is thus of the nature of a consultation between the chief medical officer and a colleague.

An examination and written statement of this kind considering everything at stake, as regards the company, the applicant, the examiner, and the community of insured persons, is a very important proceeding and certainly equal in value to an average consultation. And it is because the recognized fee for a consultation is five dollars that we consider this should also be the honorarium for an examination and report in the case of a life insurance policy.

The discussion at Lunenburg ended in the adoption of a motion that "the minimum fee for life insurance examination throughout Canada should be five dollars."

Owing to the fact that the Canadian Medical Association was to meet in Halifax this year, and that the Nova Scotia Society had met for business purposes only, the representation was not large, and it was thought by some that action should be deferred until next year; but the motion was passed by a large majority, and we hope that when the question comes up again as it will at the annual meeting next year, this decision will receive the unanimous endorsement of a fully representative meeting.

At the annual meeting of the New Brunswick Medical Society, held also in July, one of the chief subjects of discussion was that of life insurance fees, and a motion was carried that the fee be five dollars.

But as matters are at present, no action taken by the Medical Society of Nova Scotia can bind its members to a definite scale of fees, except in an ethical sense. The County Societies, in drafting their constitutions, may make membership depend upon adherence to their tariff of fees, but, sad to say, we have only four or five county societies.

The key to the situation is in the hands of the individual members. It is evident that if the profession, as a whole, stand together for the five dollar fee, it will be paid, as it is in other places.

There is another point in the relation of the examiner to the company which we think is open to criticism, and this is the customary letter of inquiry addressed to one medical man asking for private information about a colleague. The usual formula is to the effect that "Dr. A., having applied for the position of examiner in our company, has referred us to you and we shall be pleased etc., etc." Now, in a great majority of cases, Dr. A. has not applied for the position, but

the agent of the company has applied to him to examine some one for life insurance. And Dr. A. very naturally, when asked for a reference, names a friend. Is it likely the friend will say anything injurious to his trusting colleague? And yet he is not infrequently asked to give private information as to character and habits and to answer such a question as "Is Dr. A., addicted to the use of intoxicants?" Well, if Dr. A. is so unfortunate as to share poor Charles Lamb's "insuperable proclivity," the candid friend will either sophisticate the term "addicted," or he will throw the inquiring letter into the waste basket. The whole enquiry can be boiled down to this: "is your friend, who has referred us to you for a character, fit or unfit to act as our examiner?" Fancy any one putting such a question! It is evident that under the present system every qualified medical man is competent to act as an examiner, and if asked for references the dignified course would be that of an independent-minded friend of ours, who refers his questioner to the Medical Register.

(Since this editorial was put in type, we received a poem entitled "McCurdys must be Fed," written by a versatile member of the profession in this province. Being apropos to the subject we have much pleasure in inserting the poem in this issue.)



Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

The annual meeting of this Branch was held in the City Council Chamber, on October 11th, 1905, the President, Dr. C. D. Murray, in the chair.

The Secretary read the annual report, which was received and adopted.

The report of the Treasurer, Dr. G. M. Campbell, showed the Branch's finances to be in good condition. This report was, on motion, received and sent to the auditors, Drs. Doyle and Walsh, who reported it correct.

It was moved by Dr. Trenaman, and seconded by Dr. Farrell, that a vote of thanks be conveyed to Dr. G. M. Campbell for his successful carrying out of the Treasurer's duties.

The election of officers for 1905-6 resulted as follows :

President—Dr. W. H. Hattie.

Vice-President—Dr. James Ross.

Treasurer—Dr. G. M. Campbell.

Secretary—Dr. J. R. Corston.

Council—Drs. Ross, G. M. Campbell, Doyle, Hogan, C. D. Murray, Trenaman and Hawkins.

It was moved by Dr. Trenaman and seconded by Dr. Hawkins that a vote of thanks be tendered the retiring Secretary, Dr. Farrell, for his work during the past year. Carried.

It was moved by Dr. Walsh and seconded by Dr. Corston that a vote of thanks be tendered the retiring President, Dr. Murray. Carried.

It was resolved that the appointment of a representative on the General Council and the Parliamentary Bills Committee be deferred until a future meeting.

It was moved by Dr. G. M. Campbell and seconded by Dr. Walsh, that the annual dues for the present year be fixed at six dollars and eight cents. (i. e. one guinea, Carried.

It was moved by Dr. C. D. Murray and seconded by Dr. Trenaman that the annual dues of the Secretary and of the Treasurer be remitted by the Branch for the ensuing year.

It was arranged that the next meeting should be of a clinical nature, and be held at the Victoria General Hospital.

October 25th.—Meeting held at the Victoria General Hospital, the President, Dr. W. H. Hattie, in the chair.

The minutes of the annual meeting were read and adopted.

The programme for the year, as drafted by the Council, was read. The following contributions to the programme were promised :

"A discussion on Immunity," by Drs. L. M. Murray, Doyle, et al., for January 17th.

"A Therapeutical paper," by Dr. Goodwin, for January 3rd.

The clinical programme for the evening was as follows :

Case for diagnosis, shown by Dr. D. G. J. Campbell. Boy, aet. 11 years, admitted to hospital on August 9th, with complaint of pain in lower part of abdomen, swelling of face, and an obstinate ulcer on the shoulder. His urine has shown much blood and granular casts from the first. His facial expression suggests adenoids. There has been a variable amount of abdominal distension. The splenic dulness extends to within one finger's breadth of the umbilicus. Blood, 4,500,000 reds, 4,800 whites, the differential count pointing to splenic anæmia. The patient had been operated upon on August 24th by Dr. Armstrong, of Montreal, when considerable enlargement of the left kidney and great splenic enlargement were found. His condition has not changed since admission. He is now on iodide treatment, with mercurial inunctions.

Dr. Campbell asked for suggestions and questions regarding the case.

Dr. L. M. Murray said that he had found nothing pathological in the kidney except hypertrophy. He thought that the boy's appearance suggested hepatic cirrhosis, which would account for the splenic enlargement, the underlying cause being probably syphilis.

Dr. C. Dickie Murray noted the presence of Hutchinson's teeth, and thought that hereditary syphilis would account for all of the symptoms.

Dr. Chisholm also inclined to the diagnosis of congenital syphilis, with possibly a growth in the liver causing portal obstruction, the splenic enlargement being thus accounted for. The kidney condition

might be due to blocking of the vena cava, although in such cases there would usually be swelling of the lower extremities.

Dr. Ross noted scars from leg ulcers, and agreed that Hutchinson's teeth were present. He recommended mixed treatment, the mercury to be given by hypodermic injection.

Drs. Goodwin, Murphy, Doyle and Hattie also took part in the discussion, the concensus of opinion favoring the diagnosis of hereditary syphilis.

Dr. Campbell, in conclusion, remarked that Mr. Caird had seen the case, and had recommended "mixed treatment," and that the patient was getting it at the present time.

Case of "Congenital Talipes" shown by Dr. Chisholm. Young man, aet. 19 years. Deformity had been corrected nine years ago, but had gradually returned. The points of special interest were the considerable amount of hypertrophy about the ankle joint, and a perforating ulcer on the outer aspect of the foot. Dr. Chisholm thought that amputation was indicated, and that the choice of method lay between Sedilott's modification of Symes', and an amputation of the leg at the junction of the middle and lower thirds. He favored the latter situation, as an artificial foot, necessary in either case, would be of more use when adjusted at that point.

Dr. Ross thought that as a general principle, every scooped out ulcer should have iodide treatment, but agreed that in this case there were special indications for amputation.

Dr. D. J. G. Campbell, speaking of the diagnosis of syphilis, thought that the Justus blood test was too little used.

Dr. Hattie spoke of the possibility of the ulcer in this case returning in the heel flap if amputation were done at the ankle joint.

Dr. Chisholm, in reply, said that he would not anticipate such a result. He agreed with Dr. Ross' views concerning iodide treatment.

He then reported a case of "Perforation of the Stomach," which had been diagnosed and sent in by Dr. Doyle. Dr. Hogan had operated immediately, assisted by Drs. Chisholm and Murphy. The perforation, resulting from a gastric ulcer, was sutured through and through with catgut, then with mattress sutures by Halsted's method, and finally by Lembert's sutures. The case, more than forty-eight hours after operation, was doing well, and Dr. Chisholm considered her prognosis fair.

Dr. D. G. J. Campbell spoke of the advantages of a vaginal drain in female cases of peritonitis, stating that Dr. Cullen, of Baltimore, habitually used it, also keeping the patient in the sitting posture for several days.

Dr. Doyle thought that the fact that this patient was menstruating at the time would contraindicate the use of a vaginal drain. He said that the pain had radiated to the back, between the shoulders, from the first, and that this, together with the absence of hepatic dulness, had been very suggestive to him of perforated gastric ulcer.

Dr. Murphy said that Dr. Hogan had irrigated the abdominal cavity with several gallons of saline solution, making another incision suprapubically for this purpose.

Case of "Enlarged Prostate," shown by Dr. Murphy.—An elderly colored man. He had done a suprapubic prostatectomy according to the method of Freyer, keeping a catheter in for six days, and a suprapubic drain for twenty-six days, on account of the foul condition of the bladder. The patient still has the suprapubic opening, but can urinate without difficulty.

Dr. Murphy made a plea for more frequent operation in these cases. He exhibited the removed prostate, which had been of the size of an egg when fresh.

Case of "Movable Abdominal Tumour," shown by Dr. Murphy. Middle-aged woman. Tumour first noticed in hypochondrium, when it was as large as an egg. On admission it was loose; easily palpable, and as large as two fists. Left kidney was not discoverable in its normal place. Blood count, normal. Diagnosis, hydronephrosis.

Operation—The incision was made in the left semilunar line. Nothing was found, and this was closed; another being made over the left kidney, which was nearly seven inches in length. A nephropexy was done, and now the patient is doing well, being kept lying on the affected side and on her back for six weeks after operation. The left kidney can now be felt in its normal position.

Case of "Tumour involving the Inferior Maxilla,"—Shown by Dr. Chisholm, who had seen it in consultation with Dr. Hogan. There was then, within the mouth, a ragged ulcer in the tumour, with greyish base and ragged, hardened edges, extending up over the ramus of the jaw towards the tonsil. The unanimous diagnosis had been inoperable carcinoma, but iodide treatment was given as a forlorn hope, and with such good results that he now thought her prognosis

good. Dr. Chisholm presented this case as a notable instance of the wisdom of giving iodide treatment whenever there is the remotest chance of syphilis being present.

Dr. Ross, speaking of iodide dosage, said that in one case this year he had given as much as 350 grains of potassium iodide three times daily for gummatous ulceration of the tibia. The patient was a delicate looking young man who weighed only about one hundred pounds.

Dr. Doyle recalled a case which had been in hospital in 1897, of a fungating growth on the lip, greatly resembling carcinoma, which had cleared up on potassium iodide.

Discussing Dr. Murphy's kidney case, Dr. Doyle asked whether the daily amounts of urine had been noted. Dr. Murphy replied that they had not, but that the patient had never noticed any abnormal amounts herself.

Dr. Lessel mentioned a case under his care at the Halifax Dispensary of syphilitic ulceration of the foot and leg, with an enormous amount of fibrous swelling, which was cleaning up on ten grains of potassium iodide three times daily.

After concluding remarks by the President, the meeting adjourned, after which the members were pleasantly entertained at an oyster supper, when their wants were efficiently looked after by Mr. Kenney and Dr. Puttner.

EXHIBITORS AT THE CANADIAN MEDICAL ASSOCIATION MEETING.

The display of surgical instruments and appliances by both The Chemists' and Surgeons' Supply Company, Ltd., and J. H. Chapman, of Montreal, elicited much praise. These firms handle nothing but one quality, and that the highest grade.

The exhibit of Burroughs, Wellcome & Co., of London, likewise engaged considerable attention. Their high-class pharmaceutical products are universally known, and their Canadian representative, Mr. Nevin, Montreal, was ever busy in giving information to enquirers. A handy memorandum book, also containing views of Halifax, and an interesting history of pharmaceutical progress, etc., was presented to each member.

The Gadola Chemical Co., represented by W. A. Simson, Phm. B., of this city, showed the different preparations of cod liver oil put up by this firm, viz, Amor's Essence of Cod Liver Oil and several combinations. The process of extracting the oil, with other information, was explained by Mr. Simson, who deserves success in his enterprise. A cod weighing forty-nine pounds cleaned attracted more than ordinary interest.

Mr. Charles Roberts, of Montreal, was on hand with J. B. Lippincott's standard works, and naturally received numerous orders.

B. Lindman, whose truss has received high encomiums from numerous surgeons of Canada, explained the many features of this appliance.

Charles E. Frosst & Co. were intending exhibitors, as space had been engaged. At the last moment, however, Mr. Frosst found it impossible to be present, but insisted on paying his contribution for space taken. This firm is already well and favorably known throughout all of Canada.

The Kress-Owen Company, of New York, had a neat display of their well-known antiseptic preparation, Glyco-Thymoline. Each member received a large bottle, which was specially made for the meeting—Canadian Medical Association being stamped on each.

Personals.

Dr. J. F. Pineo, formerly of Chester, N. S., is now located at Bennington, New Hampshire.

Dr. W. F. Smith of this city has returned after an absence of six months spent in London. The doctor devoted considerable time to diseases of children at the Great Ormonde Street Hospital.

Dr. Lewis Thomas has taken the office on North street formerly occupied by Dr. H. S. Jacques.

Dr. D. T. C. Watson, formerly of Gillisport, Labrador, has opened an office on Agricola street, this city.

Dr. G. D. Turnbull was obliged to leave Yarmouth on account of ill-health and is now located in the city of Calgary. Dr. Turn-

bull is confining his practice to diseases of the eye, ear, nose and throat. We are pleased to state that his health has rapidly improved since going west.

Dr. E. Douglas, who was unfortunate in having his lower jaw fractured at a recent football game, has entirely recovered from his injury, which is the second time he has sustained a like injury. Dr. Douglas is located on Robie street, in the house formerly occupied by Dr. Doull.

Dr. M. G. Archibald, formerly of Upper Musquodoboit, is now located at Kamloops, B. C.

Dr. Jane Heartz-Bell has lately returned from a few weeks visit to some of the New York hospitals.

Dr. M. W. Macaulay, formerly of Thorburn, is now located at Edmonton, Alberta.

Obituary.

Dr. Frank Buller.—The death of Dr. Frank Buller, Canada's noted specialist in diseases of the eye and ear, occurred on the 11th of October. He was born at Campbellford, Ontario, in 1844, and graduated in medicine in 1869. After acting as surgeon in the Franco-Prussian war, he devoted considerable time to post-graduate study in Germany and England, and then returned to Canada and commenced practice in Montreal. Dr. Buller soon became recognized as one of the greatest specialists in diseases of the the eye in North America, and was an able clinical teacher in McGill University for thirty years.

Dr. A. P. Landry.—At Eel Brook, Yarmouth, on the 6th inst., the death of Dr. Landry occurred after an illness of six weeks. Dr. Landry was an ardent Conservative and several years ago was an unsuccessful candidate for the local legislature. A daughter is a nurse at the Victoria General Hospital, and a son is a student of the Halifax Medical College.

Dr. J. A. MacKenzie.—The death of Dr. John Alexander MacKenzie, which occurred on the 12th of October, at the Nova Scotia Hospital, of which he had for ten years been Assistant Medical Superintendent, took from the profession a useful and valued member.

Dr. MacKenzie was born at St. George's Channel, West Bay, C. B., on the 12th of October, 1865, so that his death occurred on the fortieth anniversary of his birth, and strangely enough on the second anniversary of his marriage. He received his literary education at Pictou Academy, obtained his medical degree from the College of Physicians and Surgeons of Boston in 1892, and afterwards spent nearly a year at hospital work and special study in London. He joined the staff of the Nova Scotia Hospital as Assistant Physician in November, 1893, and in June, 1895, was promoted to be Assistant Superintendent. This position he held until his death, which resulted from appendicitis, after an illness of a very few days, an operation having proved to be without avail.

Dr. MacKenzie was a man of singularly genial and happy disposition, keenly appreciative of the humorous, kindly and sympathetic, diligent and conscientious. His work at the hospital was characterized by a careful and methodical attention to every detail. He was a great favourite with the patients, who could always expect from him a bright smile and a cheery word. His death will prove a great loss to the institution with which he was associated for so many years.

While not a frequent contributor, Dr. MacKenzie wrote a number of excellent papers, dealing usually with some abnormal mental condition. We have had the opportunity of publishing several of these papers in our pages, notably one on "Thrombosis of the Left Middle Cerebral Artery," published in April, 1899, and one on "Mental Disturbances of Puberty and Adolescence," published in December, 1903.

Two years before his death, Dr. MacKenzie married Miss Mabel Gentles, of Dartmouth. Besides his widow, a mother and two brothers survive him. He left no family.

To those so sadly bereaved by his death, we extend cordial sympathy.

Book Reviews.

Merck's 1905. Manual of the Materia Medica. Published by Merck & Co., New York. This is a ready-reference pocket book containing names of the chemicals and drugs used in modern medical practice. This little book will be found of much value as a handy guide and time-saver. It likewise gives a table of therapeutic indications, poisoning and its treatment, the metric system, and a concise chapter on urinalysis.



THE LATE DR. J. A. MACKENZIE.

The Delineator for December. For colorwork, presswork and general beauty and usefulness, the December *Delineator* is conspicuous among the Christmas magazines. Eight paintings by J. C. Leyendecker, illustrating and interpreting the Twenty-third Psalm, is the most extensive color feature of the number, but a painting by Alphonse Mucha, accompanying a poem, "The Mother of Bartimeus," by Theodosia Garrison, is fully as notable as an art work. The short fiction of the number comprises stories by Hamlin Garland, John Luther Long, Gilbert Parker, and Alice Brown. The opening chapters of a new serial—a woman's club store—"The President of Quex," are given; it is said to be in the nature of a reply to "The Evolution of a Club Woman," which created great interest in the magazine last year. There is also the continuation of "At Spinster Farm," articles on Brass and Copper Utensils in "The Collector's Manual" and the Child at Play in "The Rights of the Child." A series of illustrated papers under the title, "Some Heroines of Shakspeare—by their Impersonators," also begin in this number with Eleanor Robson on Juliet. The pastimes for children are filled with the spirit of the season, and there is an abundance of matter of housewifely interest.

Therapeutic Notes.

SANMETTO IN IRRITABILITY OF THE PROSTATE AND IN PRE-SENILITY.—I have used Sanmetto in several cases during the past five years and have yet to be disappointed in results. Have found it particularly valuable in cases of irritability of prostate gland with decreased sexual power.

Cleveland, Ohio.

Jno. T. Henderson, M. D.

A Louisville physician has recently written the manufacturers of LISTERINE DERMATIC SOAP:—"Received your sample of Listerine Dermatic Soap, a piece of which I lathered and rubbed with unguent. hydrarg. and found that as a result I had a most esthetic mixture for the skin demanding mercurials.

"In giving X-Ray treatments I have long felt the want of such a soap, as it is cleansing, cooling and antiseptic. Just the thing for acne, lupus, etc."

NOTES ON A CASE OF PERIMETRITIS. Hukam Chand, C. M. S., Surgeon Delhi Hospital, Delhi, India:—

I was called to see a female patient in the city on October 12th, 1904. On arrival I found her with fever, temperature 102°, tongue coated, pulse rapid, bowels costive, urine scanty and high colored, plain and tenderness over the hypogastric region as well as in both iliac fossae, vagina hot (as told by native *dhai*) but no discharge. On palpation the uterus was found hard and on inquiry it was found that the present complaint was due to abortion and exposure to cold. I diagnosed the case as perimetritis associated with ovaritis and prescribed:

- (1) Calomel gr. $\frac{1}{4}$. One every three hours.
- (2) Antikamnia & Heroin Tablets. One every four hours.
- (3) Turpentine stupes over the seat of pain.

(4) Liquor Morphia, 15 minims at night, *if no sleep*.

Oct. 13th.—Pain less than before, had a good sleep for four hours. Continued the same treatment.

Oct. 14th.—Pain less than the previous day, had good sleep without morphia.

Oct. 15th.—Pain considerably less, patient could walk with the aid of stick. Good sleep. Continued same treatment but stopped turpentine stupes.

Oct. 16th.—Very slight pain remaining, patient weak, otherwise well. Stopped calomel, prescribed castor oil, oz. 1, and continued antikamnia & heroin tablets as before.

Oct. 17th.—No pain at all. Bowels moved twice. Prescribed tonic mixture. Patient getting well.

REMARKS.—In my opinion the recovery of this case was due to the analgesic and antipyretic properties of antikamnia & heroin tablets. They are worth a trial in such conditions.—*Practical Medicine*, March, 1905, Delhi, India.

SAL HEPATICA VS NATURAL MINERAL WATERS.—The superiority of Sal Hepatica over the natural mineral waters that are specially recommended in the uric acid diathesis and the various forms of constipation is clearly shown by the following facts :—By commingling lithium and sodium phosphates in proper proportions with certain of the "bitter water" salts, as represented by Sal Hepatica, a compound is secured that is superlatively more active than either lithium or sodium salt alone, or, indeed, than any natural mineral water or any combination that can be effected. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum, and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is very freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Original Communications.

ADDRESS ON OPHTHALMOLOGY.

By J. W. STIRLING, M. B.,

Lecturer on Ophthalmology, McGill University.

Mr. President and Gentlemen :—I have to thank you for the honour you have done me in asking me to deliver the special address on ophthalmology at this meeting of the Canadian Medical Association, and more especially do I appreciate it from the fact that this meeting is held in my native city. One cannot but feel a certain amount of diffidence in addressing such a large assembly of one's fellow workers in our noble profession, but I trust that what I have to tell you may both be of interest to you, and also of some assistance in the prosecution of your professional calling.

I must claim to a certain extent the indulgence of my fellow workers in ophthalmology, who may be here, if I do not present them any thing very advanced. I would remind them of the fact that I am here to deliver an address to the profession as a whole, and that technical points which would be of interest to them might be far from interesting to the majority of my hearers. Yet what I have to say may not be lacking in interest for them.

I have chosen as the subject matter of my paper a few salient

points in the diagnosis and treatment of some of the more common diseases of the eye. My communication will be almost entirely based upon my own experience drawn from the very large clinical material at my disposal in the Montreal General Hospital.

Conjunctivitis is one of the commonest eye diseases which confronts both specialists and general practitioners during their career; yet in no other ocular disease has there been more room for advance both in the matter of diagnosis and of treatment. Happily during the past few years great progress has been made in both these particulars and the results have been crowned with success. Looking back over my comparatively short career, well do I remember, how in the old hospital days in London there was a routine treatment for conjunctivitis; the diagnosis was strictly limited by the nature of the secretion and condition of the conjunctiva, and the treatment consisted in the use, or I might rather say the abuse, of various astringents. In some cases this treatment happily hit the mark, but in others the result was a failure, or else a prolonged chronicity. With the promulgation of the germ theory, there was an opportunity for advance, yet but little was done in this direction in eye diseases for some years. Astringents were at this time dropped to a certain extent, and antiseptic lotions took their place; yet a varying amount of empiricism persisted and results were not always so successful as one could wish. During the past few years, however, great strides have been made by Koch, Weeks, Morax and Axenfeld; new germs have been discovered; their relationships to certain forms of ocular disease have been worked out; the conditions especially favouring their development have been studied; the symptoms they give rise to have been noted; and lastly, what is of most importance to the clinician, appropriate remedies are being discovered. There is, however, much left to be done, as evidenced, for example by the uncertainty which overhangs the germ of that scourge, trachoma.

To start with, be it remembered the conjunctival sac in the new born is held to be free from bacteria, but immediately the infant has entered on its existence in this world, the conjunctiva is exposed to infection from the atmosphere or from the skin with which it is in immediate proximity at the edges of the lids. The organisms thereafter found in the eye vary greatly in their nature and pathogenicity. Their malignancy depends a great deal upon the resisting power of the

organism. It would appear that it is impossible to render the conjunctival sac absolutely sterile, since any bactericide sufficiently strong to effect this would exert a deleterious influence on the eye. The tears exert a certain bactericidal action which may be due to a mere dilution of the secretion, and this is seconded by the muscular action of the lids in winking, which force the secretion into the tear sac (the drainage system of the eye) whence it escapes into the nose. One thing is certain: the tears are a bad culture medium for bacteria.

Another important factor in limiting the development of the bacteria in the eye is the temperature of the exposed eye-ball. McGillivray of Dundee has worked this out very carefully, and has shown that the surface temperature of the exposed cornea is about 18 degrees below that of the body temperature whereas if the lids are kept close the conjunctival and corneal surface temperature soon rises, thereby favouring the development of many bacteria. In addition to this, of course, the eyelids being closed does away with the mechanical drainage function, to which I have just referred. A good example of this is frequently met with in cases of phlyctenular disease in which the eyes have been kept bandaged. This closure is invariably followed by a marked extension of the disease which can be readily checked by desistence from the use of compresses, and also, what amounts to the same thing, by the prevention of the child burrowing its head into pillows and cushions.

Of course, when operating on the eye we have to bandage it afterwards, but this is with the sole intention of getting a speedy union of the wound, and by this means preventing the possibility of a deep infection of the eye. As soon as firm union has taken place all closure of the lids should be abandoned.

In my clinic at the hospital all cases of conjunctivitis, tear-sac trouble and ulcerative keratitis undergo a thorough bacteriological examination before treatment is undertaken. Invariably also a bacteriological examination of the secretion is made in all cases before operation.

The invaluable nature of this examination must, of course, be self-evident to you, as a means of diagnosis; as a precautionary measure; as an indication for treatment.

I may perhaps be allowed to describe the very simple process of making this examination, although doubtless the majority of you know it already.

This bacteriological examination short of making cultures of the germ is by no means difficult, and should not be beyond the power of any medical man. The little extra trouble that it entails upon the practitioner will be amply rewarded by the results obtained.

With a small platinum wire, sterilized in a spirit lamp's flame, a small amount of the secretion is removed from the conjunctival sac, and smeared over a glass slide. The great point in the smearing is to tease the secretion well out on the slide; a drop or two of gentian violet solution is dropped on the smear; after 25 seconds this is washed away with water; a few drops of Gram's iodine solution is dropped on, and left for about 15 seconds; it is washed off with alcohol until no more coloured matter is observed to come away; the specimen is then washed with water and a 5 per cent. solution of safranin is dropped on the specimen, and left for five seconds, when it is washed off with water. This is a routine method for the ocular secretions.

As you all know, conjunctivitis has been classified according to the nature of its secretion or conjunctival changes, catarrhal, muco-purulent, granular and membranous types; but since bacteriological investigations have been carried out there is a strong likelihood that this will be changed. Similar clinical symptoms are caused by very different forms of bacteria, the treatment of which varies greatly according to the bacterial finding.

In the catarrhal type of conjunctivitis we recognize two main varieties, the acute and the chronic, the symptoms of which are too well known to you to need repetition. The vast majority of cases of the acute type has been found to be due to the presence of the Koch-Weeks bacillus, and in only a few cases have other germs been discovered. This form of bacillus as a rule attacks children and has even been found in the new born. As a rule these bacilli can only be discovered during the first few days of the disease.

The bacilli lie between the leucocytes and also within the protoplasm. Sometimes they even extend into chains of two or three links side by side; they are decolourized by Gram's iodine; they have an incubation period of two or three days; and the second eye is generally infected two or three days after the first; they seem to penetrate into the superficial layers of the epithelium and not into the

deeper tissues; they do not give rise to chronic conjunctivitis. The bacilli appear as very short fine rods staining less deeply than the nuclei of the cells. The ends are rounded and also show a deeper polar stain. I have a specimen under the microscope for your observation.

The treatment of this form of conjunctivitis consists in the application of nitrate of silver, 2 per cent. solution, or the 3 per cent. solution of largin.

Entirely distinct from this form is a chronic variety of catarrhal conjunctivitis affecting mainly the conjunctiva of the lids and especially well marked at the inner and outer canthi; this disease sometimes goes by the name of angular conjunctivitis; there is a slight mucous secretion, the conjunctival papillæ are not swollen, the inner canthus and the lid margins are markedly red; in time the roots of the cilia become affected, as does also the tarsus; the cilia then fall out and the lid margins curl inwards. It occurs at all ages but more especially in adults, and is most frequently met with during the months of June, July and August. Superficial infiltration of the cornea occurs and sometimes even severe purulent spreading ulcers are found which bear a marked similarity to the malignant ulcer serpens.

In 1896, Morax and Axenfeld both discovered a diplo-bacillus which by a series of exhaustive investigations they found to be the cause of this disease. The bacilli are large, 2 micromillimeters by 1, and generally occur in pairs and chains; they are decolourised by Gram's method after staining with gentian violet. The disease is very infectious and the bacilli retain their virulence for a long time.

It has been found that solutions of sulphate of zinc have almost a specific action in the cure of this disease, and this may be freely applied even when ulcerations of the cornea arise. The zinc salt is used in a solution varying in strength from a half to one per cent, up to 2 per cent., the milder collyria being reserved for those cases exhibiting the greatest irritation. It has also been found that the solutions of silver salts appear to be inert in the treatment of this condition. I might cite as an example of the action of this drug, even in severe ulcers, one case, several of which have lately come under my observation. The patient had developed an ulcer in the cornea, probably of traumatic origin, for which he had been treated at his home in the country near Montreal. He thought that his eye had been scratched

very slightly with a twig, and did not pay much attention to it until it became very painful, when he sought advice from the family physician; and, treatment failing to check the condition, he came into my clinic at the General Hospital,

I found a large purulent ulcer of the serpiginous type. The condition was so typical that I immediately classed it as an ulcer due to pneumococcus infection and prescribed antiseptics and cauterization of the ulcer, thus you will notice departing from my rule of having a culture taken before starting treatment. The ulcer continued to spread rapidly, so that in 48 hours I felt there must be something lacking, either or both in diagnosis and treatment. Whereupon I had a culture taken; and, to my own surprise and that of the pathologist, Dr. McKee, he found the Morax-Axenfeld diplobacillus. The treatment was immediately changed and the solutions of zinc sulphate substituted for the antiseptic lotions. The change within 24 hours was marked and the progress thereafter towards recovery was very rapid. I have cited this case in full in order to impress both the importance of the bacterial examination of these ocular conditions, and also its value as indicating the proper treatment.

The metallic salts break up in the conjunctival sac, and act by precipitating the albuminates which agglutinate the enzymes and active agents of the inflammation, the freed acid of the salt thereupon exerting its caustic action.

It is interesting to note that this bacillus maintains its virulence in cultures up to the seventh generation. The diplo-bacillus enters the eye either from the air in a dried or fluid form, or by actual contact; it has been found in the posterior chambers of the nose, whither it may have come from the eye by means of the tear-duct. On the other hand there is a possibility of its spreading in the opposite direction from the nose to the eye; this diplo-bacillus retains its activity and power of reproduction after being dried for fourteen days, surrounded by a sheath of mucus, which prevents it from really being absolutely dried up. The presence of this germ and its attendant inflammation have been frequently reported in Europe, and its occurrence has been noted a few times in the United States; but as far as I am aware its first definite appearance in Canada has been noted in my clinic at the General Hospital by Dr. S. H. McKee. The disease is by no means a new one but the bacterial cause had not been traced until lately.

Under the microscope you will find several specimens, also a culture on blood-serum of Morax-Axenfeld bacillus. After 48 hours in incubator it forms little pits which later coalesce and liquefy.

We have another type of conjunctivitis frequently associated with infiltrations of the cornea, which take on a malignant type, and develop the above mentioned serpiginous ulcer; later on it may be complicated by iritis. The conjunctiva is at first slightly rose red; this is rapidly followed by great swelling and even by the formation of a croupous membrane on the inner surface of the lid; the secretion is watery; and very frequently there are small hæmorrhages; it is especially found amongst young children and young adults; it occurs in epidemics; it is contagious. The germ is found to be a diplobacillus lanceolatus, or pneumococcus, as it is sometimes called; they are lanceolate in shape and tend to form short chains, which with some other points suggest a similarity to the streptococcus family. The treatment of this condition is active antiseptics, and the application of the galvano-cautery to the ulcer.

Of the purulent types of conjunctivitis that exist, that caused by the gonococcus is the one most frequently met with and most disastrous in its results; it is extremely contagious, but the proportion of individuals suffering from gonorrhœa, who develop gonorrhœal conjunctivitis is comparatively small. The comparative freedom from ocular complications in gonorrhœa is very suggestive to any one having much to do with the disease. It would almost appear as if the gonorrhœa itself confers a certain degree of immunity. In addition the escape of the eye from this virulent infection must be partly due to the protection of the lids and the washing away of the secretion by the tears. It would appear as if the resisting power of the individual has a good deal to do with the severity of the disease, since in many cases which have come under my notice I have found that the proportion of gonococci present bears no definite relation to the severity of the disease. Many of the worst cases I have seen showed under the microscope but a few gonococci, whilst in others in which the disease ran what we might call a benign course, great quantities of gonococci were present. It is needless for me to speak about the characteristics of this well-known germ, but there is one point I wish to impress upon you and that is the fact that the gonococcus is capable of invading the intact corneal epithelium, whenever the pus is

allowed to stagnate in the eye; hence the great importance in treatment of a very complete and frequent irrigation of the conjunctival sac.

I have found gonococci in the sac many days after the cessation of the discharge, which points to the necessity of continuing the treatment for some time after the apparent cure.

In this connection I wish to draw your attention to an interesting form of conjunctivitis, of gonorrhœal origin, but in which the infection is endogenous, and is frequently associated with iritis. The inflammation as a rule occurs about the period of the appearance of the joint complication of gonorrhœa. As you know the gonococci are carried by the blood stream to the joints and there set up inflammation, and the same type of inflammation may occur in the eyes. It is an irritable form of conjunctivitis; the secretion is watery and has a tendency to chronicity and to relapses. No gonococci are found in the secretions of the eye although they may be present in the tissues; there is considerable pain and photophobia. The local treatment must be mild, and if there be any urethral trouble present, it, of course, must be attended to. The iritis that occurs in these cases possesses also the same tendency to relapses, but I have found that this tendency diminishes greatly with the improvement of the urethral condition. This form of gonorrhœal eye trouble may be considered a sort of general toxæmia manifesting itself in some weak spots. In cases of gonorrhœal conjunctivitis we sometimes get a mixed infection, streptococci and pneumococci being present, and it would appear as though the presence of the streptococci favours an increased severity of the infection.

Membranous conjunctivitis is happily a rare occurrence, at any rate the true diphtheritic type; in fact during my career in Montreal I have not come across a true case of this (although I have seen many cases of membranous conjunctivitis). A few I have seen on the continent of Europe. The severe cases of membranous conjunctivitis which I have met with were at first very suggestive of true diphtheria, but on close investigation they proved to be due either to that allied germ, the bacillus xerosis or to staphylococci.

As being of interest in this connection I might cite a case of my own which I saw not very long ago. The patient was an infant about nine months old, and suddenly developed an intense inflammation in the right eye; a gray membrane formed over the palpebral

conjunctiva which could be rubbed off, but left a gray surface beneath it; there was great swelling of the lids; a smear showed a bacillus which was at first considered to be the Klebs-Löffler diphtheria bacillus. The culture, however, the next day showed this not to be the true Klebs-Löffler, but like the allied bacillus xerosis (of which I will have a word to say to you later on). There were also staphylococci present. The treatment of this case was simple, the use of argyrol 20 per cent. strength, and mild boric acid lotions. Recovery took place in about three weeks. I will not detain you with any details in regard to diphtheria-bacillus; but I wish to say a few words in connection with that very puzzling type of germ, the xerosis-bacillus, which I found in the above case. This germ is found very frequently in the normal conjunctiva, so that it would appear there must be a predisposition on the part of the patient before it can exert any malign action. Little is known of its true nature and action; it is identical morphologically with the diphtheria-bacillus. It is stained by ordinary aniline dyes, and grows on the same culture media forming similiar colonies. It is different from the diphtheria-bacillus in not producing an acid reaction in neutral peptone bouillon. Frankel regarded it as a non-virulent diphtheria bacillus which may become virulent when mixed with staphylococci; others regarded it as simply the non-virulent stage of the diphtheria-bacillus.

A year ago a case of that comparatively rare disease known as Parinaud's conjunctivitis was treated by me. The characteristics of the disease are the huge granulations which develop on the palpebral conjunctiva; these rapidly increase in size; there is also an enlargement of the pre-auricular, infra-maxillary and cervical glands. There is a rising temperature, but the course of the disease which is not rapid tends gradually to complete resolution. An elaborate bacteriological examination and report was made by Dr. John McCrae, pathologist at that time to the General Hospital. Pure cultures of a bacillus resembling the Klebs-Löffler was found during 25 days of active treatment of the eye. This bacillus was not found in the other eye nor in the nose or throat. This bacillus gradually disappeared with the recovery of the eye. It would thus appear that, in this case, we were dealing with either a virulent form of bacillus xerosis or else a less toxic than ordinary bacillus diphtheriæ.

These are a few of the main points in connection with conjunctivitis which I thought might be of interest and value to you. There is no doubt in regard to all these germs that whenever they develop a tendency to form chains, that is, as it were, reverting to the streptococcus type, there is a coincident increase of virulence.

In addition to all that I have told you, it is hardly necessary that I should insist upon your not losing sight of one great point, the fact that the eye is part of the whole bodily mechanism, and that in the local treatment of any eye condition one must not lose sight of the general constitutional state. It is a truism that if the general physical condition is lowered there is a corresponding lowering of resistance to all forms of infection, and this holds true as much in the eye lesions as in general constitutional disturbances. A close attention is demanded to general hygiene, fresh air and cleanliness, both local and general, and proper dieting.

The second portion of my address I desire to devote to a consideration of the functional light perception of the eye and to the diagnostic value of it. This a symptom which is as a rule but scantily described in the text-books, yet it is nevertheless one of much importance in the differential diagnosis of certain eye diseases.

What is of much importance is that the said eye diseases are generally of constitutional origin, or secondary to serious trouble elsewhere. Many a time I have wondered if it were not possible to discover some symptom which would be of value as a hint of intra-ocular trouble, in cases, in which from some reason or other an ophthalmoscopic examination cannot be made. To examine the eye thoroughly with the ophthalmoscope demands continued practice, and very few general practitioners are able to do this, hence it is under these conditions that a symptom roughly pointing to fundus trouble of the eye may be of use. As an example of the value of this, I may mention one case out of many which have come under my observation. The patient was referred to me by the family practitioner in order to have the refraction tested; the symptoms calling for this being headache and diminution of the visual acuteness. On proceeding to examine the patient I found that there was marked nephritic retinitis. This ocular condition is as you know associated with chronic varieties of nephritis in which the general symptoms are occasionally not very pronounced, hence failing an ophthalmoscopic examination of the eye

the mistake might be considered possible. It is just in such cases as this that an examination of the light perception, even roughly made, would serve as an indication to the physician of a retinal change being the cause of the eye symptoms, and would call his attention to the desirability of a thorough physical examination.

1. In examining the light sense there are two points which call for consideration, the first being the minimum amount of illumination which will give rise to the sensation of light; and secondly the smallest difference between two degrees of illumination which it is possible for the patient to perceive. The simplest method of testing the minimum light perception is to diminish the illumination of our card of test types, until it just begins to affect our own visual acuity (taking for granted that our own eye is normal). We can then observe whether there is a corresponding or greater diminution in the visual acuity of the patient. In order to test the light difference we use what is known as Bjerrum's or De-Wecker's photometric test types, which I here show you, which consist of Snellens types printed white on gray. The contrast between the letter and its back ground, as you will see, gradually diminish as we descend the board. There is a reaction marked at the end of each line, which will give you an approximate idea of the value of the light difference in any case. The result, of course, cannot be mathematically accurate, but can be approximately enough correct for practical purposes. The main difficulty in these tests is the variation of perceptive power of the retina, occasioned by the state of so-called adaptation. For instance, an eye which has been in the dark for sometime is extremely more sensitive to light than one that has been exposed to strong daylight. We can, however, compare our own light perception with that of the patient, presupposing our own eyes are in an approximately normal condition. The diminution of the light perception is mainly caused by a pathological change in the outer or pigmentary layer of the retina, which layer goes by the name of photochemical apparatus of the eye. Whilst a diminished value of the light difference perception is most marked in lesions affecting the optic nerve, in retinal and choroidal lesions the light minimum is greatly reduced as a rule, and the light difference is but slightly affected, hence a diminution of the light perception pointing as it does to a lesion of the retina or subjacent choroid (which latter as you know is the nutritive supply for the outer

layers of the retina) directs the attention to the possible cause of such a lesion. Now the main causes of the retinal conditions are certain toxæmic constitutional states, and your attention being drawn to this fact you would institute a thorough general examination of the patient. The nephritic type of retinitis is the one most frequently met with, and as you know the prognosis is extremely grave, the patient's life rarely being prolonged 18 months after the eye lesions are demonstrated.

Next to this we have a diabetic type of retinitis in which we have the same failure of the light perception, but in which the prognosis is not nearly so grave; further, there are the syphilitic types, some of them associated with circumscribed exudations in the choroid and retina, which are characterized also by the distortion of objects looked at, due to the exudate forcing the cones of the retina apart, or by its contraction crowding them together. Another point in the diagnosis of these cases is that the perception of colours is changed, the appreciation of blue being first lost, and this is in marked contradistinction to the failure of vision due to true nerve lesions in which green is the first colour to disappear. I may mention here as an interesting contrast to these conditions that in cases of hysterical amblyopia you will frequently find the vision is improved under diminished illumination. As to the diminution of the power of appreciation between various degrees of illumination, this condition is most marked in cases of optic atrophy, and would be of value thus to you in the differential diagnosis between lesions purely affecting the retina and those of the optic nerve. I will not dilate here upon the visual field and its indications, but I think I have said enough to draw your attention to a simple differential diagnostic symptom which cannot but be of use to you.

2. We must not be in a hurry to consider all cases of headache and diminished vision as due to a refractive error.

3. In neurasthenic individuals there is a marked susceptibility to any peripheral irritation, so that a very slight error of refraction may give rise to marked symptoms, such as pain and headaches; while in the case of calm phlegmatic individuals a comparatively high error may cause little or no trouble. The same holds true, of course, in the well-known category of ocular muscular insufficiencies; for, given a slight error in any case there is a more determined and continuous

effort to overcome it, with the production of a corresponding fatigue, whilst in high degrees of the same trouble, there being an utter inability to overcome it, the patient makes no attempt to do so and accordingly escapes the trials of asthenopia. I feel obliged in this connection to speak rather strongly against the custom of allowing opticians to correct refractive errors. If there be any astigmatism present, which is likely in the majority of cases, the proper correction of it is virtually impossible without the use of mydriatics. Again, especially in cases of myopia of high degree, there are not infrequently marked retinal changes, which unless properly looked after tend to become worse and end in partial blindness. Many cases occur in which an apparent error of refraction is simply an indication of severe fundal and constitutional trouble, and one I may mention which having seen the other day is comparatively fresh in my memory and is of interest for two reasons. This lady had been wearing lenses prescribed for her by an optician, which had been changed from time to time during the past year, until latterly marked myopia began to develop. On examining her eyes, I found the light perception greatly diminished; there were some fine opacities in the lens; there were also some fine retinal changes which had evidently been in existence for some time. Further examination of the urine revealed the presence of marked diabetes. This case is also interesting as an example of the value of the light sense test.

In the words of Hilton Fagge, diabetes being a derangement of the chemical labour of nutrition, you can readily understand how the eye must suffer. The retinal affection in its earliest stages evidencing itself by the alteration of the light sense, and the myopia being as a rule due to the opacities of the lens altering its refractive power.

Astigmatism in its many forms is without doubt the cause of both local and systemic disturbances; bearing this in mind and recognising the fact that only accurate correction is of any value it must be self evident to you that no optician is competent to perform this work. In the words of Maitland Ramsey you have to remember that the eye is not only in the body but of the body.

HOW THE SCHOOLS CAN BE UTILIZED IN PROMOTING PUBLIC HEALTH.*

By G. E. DEWITT, M. D., Wolfville, N. S.

Mr. President, Ladies and Gentlemen :—

When asked by the Hon. Secretary of the Provincial Educational Association to read a paper on this subject, my first thought was, were I a Sanitary Engineer, I would recommend an innovation in the heating, lighting, ventilation and cleanliness of the school rooms of the present day. On second thought, I concluded that I would better confine my ideas to that part of the subject, in close touch with my profession, viz., the care of the children in the school, in regard to the prevention of communicable diseases, particularly the insidious and far reaching foe, known as tuberculosis.

The germ theory of communicable diseases has come to stay, and the knowledge of how to control, combat and eradicate them, should not be confined to the medical profession only, but be voiced in the land until the schools, the household, the press, and the platform, become familiar with the principles which govern the control of tuberculosis, as well as all preventable diseases, which ought to, and if not now, will be realized in the future, as of supreme importance to the well being and prosperity of the people.

THE BREEDING PLACES.

To successfully eradicate preventable diseases, we must eradicate the breeding places. Let the children be taught what the breeding places are. That all preventable diseases have a germ, and these germs their breeding places.

The medical profession has demonstrated to the world that the danger to the health of the body lies in uncleanness, unclean air, unclean food, unclean environment. That the pathogenic or disease producing germs have an affinity for the "three D's—Dampness, Darkness, and Dirt." The profession of which I am an humble member has for a quarter of a century sounded the tocsin regarding

*Read before the Provincial Education Association at Truro, Aug. 24th. 1905.

the disease, tuberculosis, under the head of which is pulmonary consumption. The profession would naturally look to the other professions, and to men and women of culture, to assist in promulgating sanitary laws. Unfortunately, there has not been as much encouragement given to the medical profession in support of sanitary reform as could have been desired. The man whose prejudice and indifference, or whose ignorance, makes of him a defier of the natural laws which govern and preserve life, owing to his ignorance of the laws of life, usually resents any interference from boards of health or health officers. Co-operation on the part of the learned professions, lawyers, clergymen, engineers, teachers in schools, especially the latter, would strengthen and give force to the enactment of sanitary law. The profession which has for the past twenty years demonstrated to the world the germ theory of preventable diseases, their habitation, why they gain a lodgement in the system, and ultimately destroy it, also the reasonable way to prevent and destroy these disease-killing germs, must have the co-operation and assistance of an intelligent and sympathizing people. Legislators cannot or do not enact sanitary laws, until they are pushed by the people. It was my privilege to be present at the International Congress on Tuberculosis in St. Louis in October, 1904, when the National and Fraternal Society of Engineers, civil and sanitary, representing over five millions of people, sent their representatives to the Congress, who signified their intention and willingness to co-operate with the Congress on Tuberculosis in the promulgation of sanitary laws and in every possible way in their power to prevent the spread of the disease. It was stated in the last census made in the United States that 150,000 of the inhabitants die annually, or over 400 daily, of tuberculosis. It is not only the loss of life which the country sustains and which is so appalling, but where one life is taken with the disease there are a dozen or more who are sick and incapacitated, transmitting at least the predisposition, a weakened vitality. In this country and at this time I submit that it is opportune to inaugurate a special line of work in the public schools which will impart a knowledge of tuberculosis and other preventable diseases such as has not hitherto been done and such as the need of the hour demands.

While I try to reply to the important question, "How can the schools be utilized in promoting the public health?", I trust I shall not appear in too bold an attitude, or exceed the privilege accorded

to me in reading this paper, when I say that it is as imperative on the part of the Council of Public Instruction, to train the teachers in a knowledge of preventable diseases, as it is to train them in the science of mathematics, history or geography.

Lest I may seem vague and indefinite in my remarks, I would respectfully urge the Council of Public Instruction to obtain from any and all available sources, information relative to the means applicable to the prevention of communicable diseases, and have it formulated in the text books, making it compulsory for those who enter the teaching profession, before he or she can grade as a teacher, to become familiar with and pass as creditable an examination in this subject, as in any other. While I make the recommendation, I do not intimate that the teachers of our Public Schools are not hard worked enough already and perhaps do the greatest amount of valuable labour, for the least remuneration, of any public or paid official in the land.

As it is to day, *valuable time is being lost*. For the last two decades the laboratories of the world have been busy in settling scientific facts regarding the germ theory of disease. It is now opportune that the people seize hold of, and turn into practical use, settled scientific and clinical facts. My object in complying with the request to read a paper before this association on this subject is to ask for the co-operation and assistance of this influential, trained and cultured body of men and women, who come in daily contact with and teach the young life of this country, when the mind unfolds and develops, at a time when impressions are made, never to be eradicated or forgotten.

TRAIN THE TEACHERS.

In my reply to the committee of the Senate at Ottawa, a few days ago, on the subject, "Additional Suggestions in Checking the Spread of Tuberculosis," I suggested, "Train the Teachers," that they may be fitted to teach the essential principles which govern the control of tuberculosis and other preventable diseases. Teach that there is a seed and a soil,—the germ is the seed and the soil is the body. How we may best keep the seed and soil apart; how to treat the germ laden sputum; that the higher the vitality and tone of the system, the less susceptibility to the germ. A campaign of popular education must be carried on before the people are aroused to the extent they should be. There is at the present time in this Dominion, the Canadian

Association for the Prevention of Tuberculosis. There are in Toronto and Montreal municipal and anti-consumptive leagues, but all of these need the aid of the press, the pulpit and the platform, and, not least, the important auxiliary of teaching preventive measures in the schools. When, by these means, public opinion is aroused, provincial and municipal legislation will become easy.

Consumption is a house disease. It flourishes because of unsanitary dwellings, public halls, churches, school houses, factories, modes of travel, living and labour. The problem of the eradication of this disease depends not only upon the medical profession. It is a social problem, and lies at the root of our social fabric.

Tuberculosis is a disease of civilization. It is civilization which has caused the crowded and ill-ventilated workshop. Civilization has built us beautiful churches, where we are wont to go for spiritual comfort, oft-times at the sacrifice of the physical. It has driven the people into the slums, where pure air and sunlight, which latter are the disseminators of disease germs, are at a minimum. It has provided sleeping cars with heavy woolen and plush draperies, the carriers of infectious germs. It has covered our dwellings with carpets, which hold dust laden with the bacilli of consumption and other infectious diseases. It has converted our school houses from the plain, one-story structure, where the wind shook the windows and found its way into the school rooms, into a structure of three storeys of modern architecture, heated with furnaces and ventilated with what is called an up-to-date plan, but which alternately become hot and cold and the air impure, causing colds, affections of the throat, eyes and lungs, rendering the system susceptible to any infectious disease. We do not advocate going back to the old rickety school house, but we do recommend a more watchful and strict surveillance over the heating, cleanliness and ventilating of our school buildings.

The teachers of the public schools, than whom there is no class of public workers who are in a more favourable position to inculcate in the lives of the young, the first and primary principles which govern life, so as to preserve health and prevent communicable diseases, by educating them how and why they should be observed, who will supplement the efforts and strength of the medical profession as nothing else can. This universal teaching in the schools will ultimately convince the people that a

vigorous observance of sanitary laws is of vital importance to the preservation of life, by preventing preventable and infectious diseases.

The Eradication of Tuberculosis depends upon the education of the masses, rather than the treatment in Sanatoria, or climate, or fresh air, or of any vaunted specific in the pharmacopeia, of which latter there is none. We must look to the teachers in the public schools, as among those in the first rank of workers in this campaign.

During the Congress on Tuberculosis at the World's Fair, there were representatives from California and Colorado, who referred to the great influx of consumptives into these States and the great injury and injustice being done to those countries, by spreading the infection into their health resorts. These representatives appealed to the representatives of other countries to keep their consumptives at home and treat them there. They also stated that California was establishing a quarantine to prohibit consumptives from entering the state. Since then a distinguished Judge of the Supreme Court from Tahatti, suffering with the disease and who was on his way to Europe was not allowed to land at California. Since the discovery of the tubercle bacillus and the statement going forth that the germ is infectious, a wrong impression seems to have gone ahead, as to its character of invasion. The germ is not infectious in the same way as diptheria, scarlet fever, measles, typhoid, yellow fever and small-pox. When the people realize this and use the simple and proper means for the disposal of the secretions there will not be so much needless alarm.

The army enlisted to fight, "The White Plague" will find that the battle ground of the future will not be in hospitals, in sanatoria in distant climes, or other places of isolation, but in the homes of the people, where the disease is born and bred, until the germ becomes strong and vigorous, taking one, then another, and another, in many instances leaving the parents childless. A few days ago I visited a home, where there were six in the family, the father mother and four sons. The father and mother were well and strong and of strong parentage. The children were strong when I knew them nineteen years ago. The story from the mother was, first, the oldest got sick with consumption and died, then another and another, until all were stricken and died of the disease. The facts elicited were, that two lived in the same room until one was taken, then the other died in same room, and the remaining two when they became sick, lived and died in the same room. Was this carpet on the floor; these draperies

on the windows, and paper on the walls, I asked, when your children were ill and died of consumption? Yes. Was the room disinfected? No. This is an example of hundreds of homes in the Maritime Provinces, which are suffering from the ravages of the disease. Teach the children in the schools of the nature of the disease, how it can be prevented and they will believe it, and in the future will know how to care for homes of their own, so as to prevent this and other infectious diseases. The majority of those who have lived out three fourths of their lives, will not believe it, or regulate their lives as if they did. “‘An author has said,’ ‘Teach a boy and teach an individual, teach a girl and you teach a household’”. Dr. William Osler in his address before the Phipps Institute in Philadelphia, this year said, “like all great truths, this must have its period of evolution before it can be practically utilized, and he added—“We have all been at school during the past quarter of a century and at school we must remain, if we are to make the knowledge we have attained effective”.

The teachers in the schools should be furnished with better facilities than now obtains in Hygiene. The Councils of Public Instruction have furnished Health Readers, but they give no knowledge of the prevention of communicable diseases. There should be a stronger effort made to teach the ill effects of household uncleanness, of bad sanitary location, of overcrowding, of insufficient light and ventilation. Teach that it is of fundamental importance that the sputum be carefully disposed of, not only in tuberculosis of the lungs, but in all diseases of the respiratory tract. In pneumonia, the micro organisms which cause the disease lie in the secretions of the respiratory tract. When they are not properly disposed of at the time of their discharge from the body, they become more or less widely scattered, dried, pulverized and suspended in the air as dust. We should inculcate the idea, that the germs of both pneumonia and tuberculosis are carried by infected sputum, that it is as necessary to care for the disposal of the secretions of one as the other. We should also inculcate that spitting carelessly anywhere is filthy and indecent and in many cases criminal. Teach that all preventable diseases have a germ, that these germs have breeding places, that the germ is the seed, the soil is the body. That the physically weak from any cause is the soil prepared for the germ. Teach how to keep the seed and soil apart, how to avoid colds, how and why we take cold. The value of fresh air, day and night.

Teach the difference between contagion and infection, that tuberculosis is not in the true sense contagious, but, infectious. Teach that heavy woollen carpets and draperies are an abomination and hide the death dealing germs. That consumption is a house disease, that house infection is the main source from which the disease emanates. Teach that cleanliness of person and of environment is as true now, as when that great and good man of common sense, John Wesley uttered the words "cleanliness is next to godliness."

Do not, as is the custom in some schools, allow the children to clean the blackboards. The boards should be cleaned with a moist sponge or cloth, and when used either destroy it or put it into a sterilizing or antiseptic solution. If a sponge or rubber were analyzed after being used on the blackboard a curious and revolting story would be revealed. Teach the value of exercise, of living in the open air, of cold bathing. Teach the relative value of foods, necessary to the maintenance and stamina of the economy. That the system needs a certain amount of fat, or the carbohydrates of the albuminoids. That a supply of fat to the blood is essential to the protection of the tissues and is also of importance for general use as a source of heat and mechanical force; that it furnishes the potential force necessary for the conversion of other food material into organic tissue and to maintain the bodily functions. Teach that the tubercle bacilli are abroad everywhere, a constant menace to our powers of resistance. Teach that where two are subject to the same conditions and one takes an infectious disease and the other is exempt, it is because of his powers of resistance. Everybody has learned, when it is unfortunately too late, that codliver oil is good for consumptives, but few seem to have learned that food of the same character as codliver oil, suitable for the table, is preventative of consumption.

Without going more into detail, I recommend for the perusal and serious consideration of the Council of Public Instruction the report of the Provincial Health Officer, Dr. A. P. Reid, for the past year. This efficient officer, with his usual skill and acumen, has delineated and made plain, by a careful compilation, why certain reforms should be observed and enforced in the schools to preserve the health of the children and prevent communicable diseases. His remarks regarding the relative use of the dry and wet bulb (the thermometer and hygrometer) if taught in schools, will permeate our homes, and, when lived up to, will make less demands upon the physician's services and the householder's purse.

ATHLETICS DURING THE SCHOOL HOURS.

The morning hours, after the physical and mental system has been at rest, while asleep, is the best time for study. Could it not be arranged so as to give the children athletic exercises during the afternoon hours. When their exercises flag from having inhaled an excess of impure air, in perhaps an overcrowded room, away from these crowded rooms in the open air, when the pure air would come in contact with the air cells of the lungs, imparting to the circulation the pure oxygen of which it has been deprived. Such exercises would make the vigorous more vigorous, the weak stronger, fitting them for the labour of the next day with a zest and avidity they would not otherwise have. Knowledge given or acquired at the expense or sacrifice of the health of the child is a failure and a farce. I would recommend that a periodical medical inspection be made in the schools; that with this medical supervision, with the assistance of the teacher, the weaker ones who are bending under the strain, owing to a delicacy of constitution, may be saved from further wreck, that with the aid of the physician and the co-operation of teacher and parent, the child's studies might be arranged to meet his constitutional conditions. There are many children whose parents, on account of their delicacy of constitution, send them to private schools rather than submit them to the strain, or systematized work in the public schools.

H. Clay Trumbull in his treatise work "Teaching and Teachers" refers to Solomon, when he gives the injunction "Train up a child in the way *he* should go." Train up (or from the start teach a child) any child and every child, in the way *he* should go. Not necessarily in the way of other children. Not in one and the same way for all children, but in his particular way, the way in which *he* out of all the mass of humanity ought to go, whether any child ever went that way before, or whether any child will go that way again, and (then) when he is old, he will not depart from it. "That is Solomon's idea." Although that is not the idea which popular error has twisted from that inspired junction, "Trumbull also refers to a wise Connecticut Teacher, who illustrates the careful study of each individual, after this fashion. Suppose that you were a worker in metals, and had a foundry and a forge, in which you cast all manner of curious things, at which you wrought all manner of cunning devices. Suppose a

stranger should come to you, bringing sealed packages, and should say, here are various kinds of metals. Without unsealing, put them at once into your furnace, run them into your mould, work them at your forge, treat them all alike, and produce for me a set of images, each the exact counterpart of the other, would you not reply, the thing is impossible. Let me know what I am working on. Brass will not melt as readily as lead, iron is not as malleable as copper. Steel is not as ductile as gold. One process for one, another for another, is the rule of my trade. But he urges, metal is metal, heat is heat, a forge is a forge, a mould is a mould, is not that enough? You answer is that metals differ. The heat that melts one would sublime another. The mould that is strong enough for one is too weak for another. The blow that would crush one would rebound from the other. And Trumbull adds -- "This wise teachers enforcement of this illustration is worthy of the attention of every teacher."

Ladies and gentlemen,—Is not the illustration of the metals as well as the analysis of Solomon's words, "train up, or teach a child in the way he should go" applicable to the training of the physically strong and weak in the schools. Not necessarily the same vigorous methodized training for the neurotic, chlorotic, or anæmic boy or girl, whose system only needs the lash of competition and urging from the teacher, to make of it, the rich productive soil for the lodgement and growth of disease germs. But rather treat him or her in his or her particular way as the metallurgist treats his metals, which is in accord with their nature and character, their physical make up. That the blow that will rebound from the one will not be made to crush the other.

Ladies and Gentlemen,—You can be the coworkers, nay, more, the pioneers, the crusaders, in your particular sphere, in preserving the health of your pupils, by exercising the caution due to the training adapted to the physical and mental development of each child. "The health of a child is its greatest heritage." The health of a people is the nation's wealth, and with the fear of God the support and foundation of its social fabric.

THE TREATMENT OF CYSTITIS.*

By H. A. KELLY, M. D., Professor of Gynæcology, Johns Hopkins University, Balt., Md.

Miscere utile cum dulci, to impart useful information in an entertaining manner in general addresses of the character I am asked to deliver, seems to be a custom as old as, and closely akin to, the use of excipients to carry a drug which is not pleasing if taken in its naked strength. Who does not recall with pleasure the "elegant mixtures," the electuaries and the compound syrups of our forefathers?

I have tried to meet your expectations to-day, by bringing before this large audience, representative of the most advanced medical thoughts of our day, one of the oldest and most rebellious of the enemies of our race, namely cystitis, bound in chains, and I trust you will find no small satisfaction as you thus note that one more step has been taken in the path of therapeutic progress.

The resumé I shall thus give you embraces over eighteen years of a personal experience largely devoted to this particular subject.

In order not to raise too great expectations, let me declare at the outset that, as is often the case in that difficult art which we profess, I have no single drug or method to propose by which all cases can be cured. It is only by a painstaking study of all the conditions, and persistent patient efforts, that cystitis can be understood and successfully combatted. The therapeutic side of the subject, in which your interest naturally focuses, is so large that I cannot do more than touch upon history, etiology, pathology, clinical history and diagnosis.

HISTORY.—Two great names of our fellow countrymen stand pre-eminent in the history of the treatment of cystitis, and to them alone will I refer in this brief resumé, as they are in danger of being lost sight of in the hurry which characterizes the progress of to-day. One of these is Willard Parker, of New York, who in 1850, at the Bellevue Hospital, operated upon a case of chronic cystitis in the male, stating that, "The object in view was to open a channel by which the urine could drain off as fast as secreted, and thus afford rest to the bladder, the first essential indication in the treatment of inflammation." This was reported in the *New York Medical Journal* for July 1851.

*Address in Gynæcology delivered before Canadian Medical Association, Halifax, August 23rd, 1905.

The other is T. A. Emmet, who in 1858 operated for a vesical calculus and by the advice of Marion Sims, left an opening in the vesico-vaginal septum for the greater facility afforded in the treatment in the effort to restore the organ to a healthy state. Subsequently to this, Emmet "made an artificial vesico-vaginal fistula, with a view of giving rest to the organ by the pre-escape of urine." (*American Practitioner*, for February 1872.) Emmet records several cases of cystitis treated by this plan in his classical work on vesico-vaginal fistula published in 1868, while Parker also presented at the New York State Medical Society, in 1867, a paper on "Cystitis and Rupture of the Bladder treated by Cystotomy."

One of Emmet's most rebellious cases, a woman who had suffered for three years, after cystotomy and irrigation of the bladder, was examined "Endoscopically" by Dr. Newman, June 1st, 1869, and the bladder found free from disease. whereupon Emmet closed the fistula, and with some further slight treatments she fully recovered.

I mention these facts, as I am sure we are too prone to forget the skilful labors of our predecessors upon which all that we are successful in doing to-day rests as a sure foundation. All honor to these noble painstaking pioneers in this most difficult corner of our field of labor,

ETIOLOGY.—Again I turn with no little pleasure to Emmet, who, writing in 1872, says; "Neglect during labor to keep the bladder empty, exposure to cold, violence, and the habit of long retaining the urine, are the chief exciting causes of the most serious forms of cystitis." In investigating this, as in other inflammatory affections, we have to consider two factors—the predisposing causes which prepare the ground for the cystitis, to which we have but little to add to what Emmet has said, and the exciting cause, the particular living organism which is the immediate agent in setting up and in maintaining the disease. It is this last important factor which has given us a new conception of the subject, and served to modify and direct our treatments.

Contrary to the opinions of some ten years ago, we now know that the mere presence of organisms is not sufficient of itself to excite a cystitis. This is seen in cases of bacteriuria, where, although the urine is loaded with organisms, there is but a nominal lesion, or no lesion at all in the bladder.

The following predisposing factors are important :

1. Localized congestion.
2. Traumatism.
3. Retention of urine.
4. Reduced health.
5. Two or more of these factors combined.

The congestion may result from "catching cold" and exposure, or from the action of toxins or chemical irritants on the bladder, excreted by the kidneys, or from a hyperacidity of the urine, or again from the presence of tumors in the pelvis.

Traumatisms arise from labor, especially where the forceps are used with the bladder not emptied, from the use of the catheter, and most important, from surgical operations on the uterus involving the detachment of the bladder, and from stones lodged in the bladder.

Retention of the urine from faulty innervation of the bladder as in tabes or after labor, retention from a sense of modesty associated with the use of the catheter is a prolific cause.

Ill health renders the whole body liable to the invasion of organisms, and, coupled with any of the preceding factors, renders the bladder a *locus minimæ resistantiæ*.

What are the organisms then which serve in the presence of such conditions, to bring about and maintain a cystitis?

I turn to answer this question to an admirable summary of my own cases made by Dr. T. R. Brown, and published in the Johns Hopkins Hospital Reports, vol. X, No.'s 1 and 2 for 1902.

There were 25 cases of acute cystitis which revealed the presence of :

B. coli communis.....	15 times.
Staph. pyogenes albus.....	5 times.
Staph. pyogenes aureus.....	2 times.
B. pyocyaneus	1 time.
B. typhosus	1 time.
Proteus vulg.....	1 time.

and in 22 cases of chronic cystitis Dr. Brown found :—

B. coli communis.	11 times.
Staphyloc. pyogenes aureus.....	3 times.
Staphiloc. pyogenes albus	2 times.
B. coli communis (with tub. bac.).....	1 time.
Unidentified (possibly a variety of the B. coli)	1 time.
Pyuria sterile.....	2 times.
A staphyloc albus (wh. decomposed urea. was pyogenic, but either did not liquefy gelatine or did so extremely slowly).....	2 times.

There were also six cases of tuberculous cystitis.

Contrast these findings with those of Melchoir and you will find the similarity is in some respects a striking one.

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Melchior examined 36 cases of cystitis (17 women) and found

<i>B. coli communis</i>	25	17 pure cultures
<i>Streptococcus pyogenes</i>	5	3
<i>Proteus Hauser</i>	4	1
<i>B. Tuberculosis</i>	3	2
<i>Diplococ. urea. liquef.</i>	3	2
<i>Staphyloc urea. liquef. Lundström</i> ...	3	1
<i>Strepobac anthracoides</i>	3	3
<i>Gonococcus Neisser</i>		1
<i>Typhus B.</i>		1

The great importance to be attached to this study of the etiology of cystitis is the discovery of several factors easily within our control, notably the traumata. By recognizing this fact we can often do much to prevent a cystitis in many instances.

The most important group opened up by a bacteriological study of the urine, is the tubercular cases, which, as a rule, call for more aggressive plans of treatment.

I will pass over the pathology, simply noting two important facts which bear powerfully on the treatment of cystitis :

First, that the disease is sometimes purely superficial, being only in the mucosa, while at other times it extends deep down even into muscularis ;

Second, the disease is often localized to a few well defined patches ; it is rarely universal.

The following clinical forms may be recognized, apart from the infecting organism or organisms :

1. Catarrhal, involving the superficial mucosa ;
2. Desquamative ;
3. Ulcerative ;
4. Granular ;
5. Papillary ;
6. Bullous edema.

The divisions into acute and chronic, separate the cases according to duration and intensity of symptoms.

DIAGNOSIS.—A diagnosis of cystitis may be made when pus is found

in the urine in association with an inflamed area in the bladder; this latter may be inferred by symptoms such as pain and frequent urination, or by a direct visual examination of the interior of the bladder.

I must bear in mind that my remarks may fall into the hands of some very busy practitioners who may find it hard to get time to use the microscope. I would therefore utter the caution not to mistake a pollakuria (frequent urination) for a cystitis. In my experience this has often been done, and then the active measures of treatment instituted have converted the innocent and annoying disease into a dangerous one.

Again a caution: you are likely to mistake a dysuria from hyperacidity of the urine for a true cystitis, unless you supply some other test than the subjective symptoms.

Yet another caution: a little affection in the vesical trigonum by the intensity of the symptoms it provokes may hide a much graver and more advanced latent affection in one of the kidneys.

The diagnosis, to be sure and satisfactory, should ascertain not only the fact that there is a cystitis, but its extent as well.

A diagnosis which begins and ends with the word "cystitis" is as accurate as the statement that the patient has thoracic disease.

Again, even though we determine the nature of the infecting organism, the diagnosis is still no more accurate than it would be to say that the patient has pulmonary tuberculosis. You see here readily enough how vital are the questions, where is the disease located, and how extensive is it? Apply like questions to the bladder.

Let the man who is willing to go carefully into his cases rest his diagnoses on this tripos:

1. History, including symptomatology.
2. Examinations of the urine, microscopic and bacteriologic.
3. A direct inspection of the interior of the bladder.

I cannot urge with sufficient earnestness the ease with which the examination is made through the open cystoscopes without any intervening medium of lenses or water, nor can I sufficiently declare the importance of the results thus obtained in clearing up and giving precision to the diagnosis.

With such examinations cases of bacteriuria become much rarer, as some lesion of the vesical mucosa is almost always found, even

though there is a remarkable disproportion between the local diseases and the numbers of the bacteria.

TREATMENT.—I am glad to address you on the subject of the treatment of cystitis, as I have now had an experience of over five hundred cases, which have been carefully collated from my records by Dr. D. G. J. Campbell, of this city.

I think we have gone as far as we can under existing conditions, and must await some fresh and important discovery to change our present methods materially, and when the specialist feels that he has pretty well thrashed a subject out, it is time to hand his work over to the general practitioner to see how much he is ready and able to appropriate.

Three important factors enter into the successful treatment of cystitis:

1. A full carefully written analysis of the case, including a description of the lesions seen in the bladder;
2. A well defined campaign against the disease, progressive in character;
3. Great patience; never give up.

All preliminary discussions as to history, etiology and pathology lead up to the two great practical issues: how to prevent the disease and how to get rid of it.

I. PROPHYLAXIS.—I am convinced that if we pay closer attention to prophylaxis there will be a prompt and a large percentage reduction in the cases of cystitis. Most of the cases seen now-a-days, follow some pelvic surgical operation.

A potent factor in the prophylaxis is the proper use of the catheter, which I may summarize as follows:

A sterilized catheter; cleansing of the external urethral orifice before introduction;

the gentle introduction of the catheter without touching the end introduced. The bladder must not be permitted to become over-distended. It is also important to remember that the patient unaccustomed to void urine lying on her back often empties the bladder very imperfectly. If the urine tends to stagnate in the bladder some warm boric acid solution should be thrown in to wash it out every time the catheter is used.

In our abdominal hysterectomies, the bladder should be rubbed, pinched and bruised as little as possible. I have looked into the

bladder after a hysterectomy for myomata and seen large transverse striae of submucous hæmorrhages on the posterior wall.

In another similar case in which I re-opened the abdominal wound, the bruised bladder was at first mistaken for a large fresh blood clot.

Further, where there is reason to fear cystitis, and always when the catheter is used, it is well to use urotropin for a few days, in 5 or 10 gr. doses *t. i. d.*, as a prophylactic. The consensus is that cystitis will but rarely occur if this precaution is taken.

II. REMOVE THE CAUSE.—The sister of one of our ablest practitioners got up from her lying-in-bed with a bad cystitis which faithful treatments failed to ameliorate in the least degree.

She entered my cystoscopic room for the first time; I put her in the knee-chest posture and looked into the bladder, and lo, there was a white calculus as big as a pigeon's egg lying in the vertex. With the removal of the calculus she made a prompt recovery.

Take nothing for granted; If you can look at a sore throat, you can also with a reflected light and a little patience, necessary to acquire a little more dexterity, look into an inflamed bladder.

Make also a searching bimanual examination of every contiguous pelvic organ. If there is a myoma or an ovarian tumor or a pelvic inflammatory mass pressing on the bladder and interfering with its proper evacuation, take the tumor or mass out.

Another patient with a bad pyuria whose kidney was to be taken out, I found had a small suppurating dermoid cyst opening into the bladder by a sinus; the removal of the tumor and the closure of the orifice cured the disease, and saved her from a serious mutilation.

In any obstinate case, especially if it is one of lesser degree, always remember that the source of constant reinfection may reside up in the pelvis of the kidney. If you find tubercle bacilli associated with a cystitis you may be sure that in 19 cases out of 20 the primary focus is in the kidney.

As we consider the active treatment of a cystitis, let me urge two important factors which serve as controls in testing progress towards recovery :

1. A careful preliminary examination and description of the local condition, as seen through the speculum, on the interior of the hollow sphere. If there is any marked improvement, examinations from time to time will show it by the variations in color, and in the extent of the lesions.

2. The taking of a measured quantity of fresh urine, say three platinum loops, and spreading this on the slant agar, and then counting the colonies which grow out, as a means of testing the reduction of the amount of infection. These individual foci will often be found to diminish progressively from countless to discrete, to perhaps one hundred, to fifteen or twenty, to two or three, to finally none at all. Several sterile cultures ought to be secured before the case is considered free of any risk of a relapse.

Let us now consider our resources in dealing with a particular case. They are: systematic treatment, medicines by the mouth, injections into bladder, direct topical treatments of the vesical walls, surgical treatment, including incision of the bladder, and excision of the disease.

Rest in bed is of the utmost importance. For this reason I can always do far better for a case if I can get her into my hospital, with rest associated with regulated diet, tonics, the due regulation of the bowels, and massage and baths.

MEDICATION BY THE MOUTH.—Large quantities of bland water is a valuable remedy here as in renal pyelitis. The virtue, I think, in the various lauded waters resides in the pure *aqua potabilis* which they contain, and not in the various salts shown in the analyses. Some patients will take, however, with better grace, three or four pints daily of a water which is imported in a big bottle with a sounding name, than the simple but equally efficacious spring water from a home source. It is the old tale of the bread pill and the placebo.

Urotropin in five to ten grain doses is of value in the more recent cases, especially where there is a tendency to ammoniacal changes, (Nicolaier).

The nitrate of potash is valuable where the urine is too acid, while benzoic acid is of use to make the urine acid.

There is some advantage in reversing the chemical reaction of the urine under which the organisms are flourishing, though not so great as one would have anticipated.

Cantharidin has been used by Freadenberg with the greatest benefit, in a series of fifty-six cases, curing thirty-two rapidly. The R is Canth. (Merck) 0.001 in 1.0 alcohol dissolved in 100 water. Take three or four times a day in teaspoonful doses.

I use also fluid extract of corn silk (*Zea mais*) in teaspoonful doses, with advantage in the amelioration of the symptoms.

Irrigations form perhaps the most important means of treatment at our command, and with irrigation it is well to combine *distention* of the bladder.

The simple daily cleansing of the bladder in this way is of the utmost value and many cases would recover rapidly if only bland fluids were used.

The two most efficient drugs here are the nitrate of silver 1-1500 to 1-500 or stronger, and mercuric sublimate 1-10000.

As good a plan of administration as any is to connect a rubber tube with a funnel attachment to the catheter, and then slowly elevate the funnel two or three feet above the level of the pelvis. By the amount born and the height, one can pretty well estimate the progress of the more difficult cases towards recovery. The great quality of importance here, for both patient and practitioner, is patience. It sometimes takes weeks or months to secure the first decided step in advance, with many apparent backsets in the interim.

I must confess to you right here that in several of my cases which we have worked over for one or two or even more years, securing a recovery in the end, I would never have had the courage to persevere were it not for the unflagging interest and zeal of Miss Cook, my chief nurse, who has personally conducted almost all of the treatments.

DIRECT TOPICAL TREATMENTS.—When a cystitis is in the chronic stage and is furthermore localized in a small area of the bladder, one for example which could be covered by the last joint of the thumb, direct topical treatments often hasten the improvement and even effect a cure. The bladder is emptied and the patient put in the knee chest posture, then through an open cystoscope, using a headmirror or other suitable illuminant, the patch of inflammation is exposed and treated just as a chronic sore throat is handled, making a direct strong application by means of an applicator and a pledget of cotton. Nitrate of silver is best here, used over a small area as strong as 50 p.c., for larger areas 10 or 5 p. c. taking care that there is no excess of the solution to run down over the sound mucosa. I also use freely a 50 p. c. sol. of argyrol. Subsequent treatments must be milder and at intervals of from 3 to 7 days. A one and a two p. c. solution is often valuable in trigonal inflammations (trigonitis).

An admirable effective combination is formed by associating occasional topical treatments with daily irrigations and distensions.

(To be Continued.)

Retrospect Department.

SURGERY.

MURRAY MACLAREN, M. D., M. R. C. S., St. John.
JOHN STEWART, M. B., Halifax.

THE FINAL RESULTS IN THE X-RAY TREATMENT OF CANCER, INCLUDING SARCOMA.

Dr. Wm. B. Coley contributes an article on this subject in the *Annals of Surgery*, August, 1905.

He concludes that the results of the X-ray treatment of malignant tumours up to the present time have proven :

1. That the X-ray exerts a powerful influence upon cancer cells of all varieties, but most marked in cases of cutaneous cancer ;

2. In some cases, chiefly in superficial epithelioma, the entire tumour may disappear, probably by reason of fatty degeneration of the tumor cells with subsequent absorption ;

3. In a much smaller number of cases of deep seated tumors, chiefly cancer of the breast and glandular sarcoma, tumors have disappeared under prolonged X-ray treatment. In nearly every one of these cases, however, that has been carefully traced to final result there has been a local or general return of the disease within a few months to two years ;

4. In view of this practically constant tendency to early recurrence, furthermore, in the absence of any reported cases well beyond three years, the method should never be used except in inoperable cases, or as a prophylactic after operation, as a possible, though not yet proven, means of avoiding recurrence ;

5. The use of the X-ray as a pre-operative measure in other than cutaneous cancer is contra-indicated : 1st, because the agent has not yet been proven to be curative ; 2nd, because of serious risks of an extension of the disease to inaccessible glands or to other regions by metastasis during the period required for a trial of the X-ray.

These conclusions have been reached after a study of cases extending over the past three years. During this period he had under observation the X-ray treatment of one hundred and sixty-seven cases of malignant tumors, both carcinoma and sarcoma.

SCOPOLAMINE-MORPHINE ANÆSTHESIA.

The same number of the *Annals of Surgery* contains two articles on scopolamine-morphine anæsthesia.

Dr. Seelig writes of it as an adjuvant in the administration of general anæsthesia and presents a series of sixty-five administrations, and Dr. Emil Ries reports its use as a general anæsthetic in seventy-two cases.

Scopolamine is an alkaloid of *hyoscyamus niger* and is akin to hyoscine, hyoseyamine, atropine and daturine. It is most closely related to hyoscine. In 1900, Schneiderlin published the first paper advocating the use of scopolamine as a substitute for general anæsthesia sufficiently profound to permit the performance of any operation.

Seelig, in his cases, gave a hypodermic injection of scopolamine hydrobromate $\frac{1}{10}$ grain, and morphine $\frac{1}{8}$ grain, one-half hour before the administration of the general anæsthetic (ethyl chloride first and then ether). The results were considered highly satisfactory. The advantages are stated to be: almost one-half of the ether usually required, is used; vomiting is lessened—it did not occur at all in seventy-seven per cent. of the cases—and nausea is infrequent; the patients are in a peaceful state of mind and go under the influence of the general anæsthetic without excitement; salivation is nearly always absent: there is less pain and discomfort and restlessness after operation.

Ries has used scopolamine-morphine as the general anæsthetic in his cases, and not as an adjuvant as in Seelig's cases, sometimes, however, giving a small amount of chloroform when necessary to complete the anæsthesia. The injections are given in three doses, two and a half, one and a half, and one hour before the operation. One-tenth milligramme scopolamine and twenty-five milligrammes of morphine are divided into the three doses. The patient sleeps for about five hours after the last injection.

There appears to be some doubt of the safety of the drug when given in this manner, while when given as an adjuvant to ether in a smaller dose, it is thought to be safe.

The whole question is now upon trial, and the advantages or otherwise can only be determined after prolonged experience. This can readily be appreciated when one realizes that the relative advantages of chloroform and ether are still debated.

In the meantime, one feels inclined to stand aside and allow some one else to make the investigations.

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Editorial.

THE DEFECTIVE AND DELINQUENT CLASSES.

The interest aroused in the cause of defective and delinquent children by the recent visit of Mr. Kelso, of Toronto, to various Nova Scotia towns, should be felt in special measure by members of the medical profession. It is the duty of every physician to identify himself with any measure intended to better the conditions under which any class of the people live. There is no public measure which should fail to receive the support it merits from the members of our guild. But we should be especially in sympathy with a proposition which has such distinctly medical and hygienic bearings as the treatment of defective and delinquent classes.

There could be no greater folly than to suppose that charities which particularly concern themselves with the control or the education of the moral faculty should be left to the supervision of religious organizations. The problems of vice resolve themselves largely into problems of degeneracy, and these again into problems of environment—and in environment nothing has greater influence in the production of crime than insanitary conditions. One of the greatest reforms made by religious organizations of late years has been the recognition of the fact that sound health is the best foundation for good morals. The practical evidence of this recognition is everywhere to be found in the gymnasia and allied armamentaria associated with various religious corporations. Apparently medical men are not as keenly appreciative of the part played by good health in the moral

uplifting of the race as are practical-minded men in other professions, and we consequently lose one of the greatest opportunities we have for contributing a generous quatum to the development of national character.

When it is remembered that the intimate association between degeneracy and mental defect on the one hand, and between degeneracy and crime on the other hand, has been in the main expounded by physicians, it is almost humiliating to see the initiative in the movement to provide reasonable care for our defective and delinquent classes taken by laymen. There is left for us, though, the privilege of rendering cordial co-operation, and this we should not fail to do.

One matter to which Mr. Kelso drew attention is the inadvisability of herding children together in large reformatories. The mania in recent years for building large institutions has unfortunately introduced a most artificial element into the life of many of the unfortunate classes. This has now come to be generally recognized, and the beginning of an effort at better things is to be seen in the call for the "cottage system" in many public institutions. It is a safe prophecy that within a few years a still greater departure from the congregate system will be demanded, and, while for many the institution will still be a necessity, for many others a close approach to home life can be attained. What has been done for the insane in Belgium, in Scotland, in Massachusetts, and elsewhere, is capable of very general application. The instance is cited because there is admittedly no type of defective more difficult to provide for than the lunatic. And yet twenty-five per cent, of the insane of Scotland are happily housed in the homes of farmers, artizans, and others. When this is possible, there is surely some means of escape from the cruel huddling together of large numbers of children whose defect is of a type often very easily dealt with, and who are at an age in which the evil influence of unfortunate associations is especially apt to make deep impress. It is satisfactory to know that Mr. Kelso has succeeded in very largely replacing reformatory treatment by the beneficent influence of good homes in the care of the delinquent children of Ontario, and we trust that he has proven our Province to be sufficiently well provided with *institutional* facilities for the care of delinquent children.

While urging sympathetic interest in such work as that which Mr. Kelso has been advocating, and which will be instituted by the

Children's Aid Society, just organized in Halifax, we would also urge the possibilities which present themselves to the physician in the way of prophylaxis of crime. The causes which make for degeneracy are those which make also for criminality. This is indisputable. And there could be no mightier factor in the uplifting of the race than that which the physician has largely under his control—the universal establishment of good hygienic conditions, instruction in the avoidance of harmful habits and harmful influences, and education in all the laws of health.

Society Meetings.

HALIFAX AND NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

November 8th.—Meeting held at the City Council Chamber, the President, W. H. Hattie, occupying the chair.

After adoption of the minutes, the President submitted a letter from the Montreal Antituberculosis League, regarding a public lecture at Halifax by Dr. Richer. It was decided that Dr. Richer be invited to lecture at Halifax.

Dr. Hattie read the Presidential Address, taking as his subject. "The Doctor's Mission." (To be published later in the MARITIME MEDICAL NEWS.)

A vote of thanks to the President was proposed by Dr. Stewart and seconded by Dr. Trenaman, the Vice President, Dr. Ross, presenting it.

Dr. Goodwin called attention to the position taken by two American lay journals, *Collier's Weekly* and *The Ladies' Home Journal*, with respect to the patent medicine trade. He moved that a committee of three be appointed to send these journals a note of appreciation on behalf of the Branch. The motion was seconded by Dr. Kirkpatrick, and after considerable discussion it passed, the President naming the following gentlemen as the committee:—Drs. Goodwin (chairman), Kirkpatrick, and C. Dickie Murray.

Dr. W. D. Finn read, "Notes on Nitroglycerin," first taking up the conditions in which the exhibition of the drug is indicated, and then mentioning many interesting points concerning methods of its administration. He thought it always best given in liquid form,

beginning with $\frac{1}{16}$ gr. and increasing the dose as the individual case demands. In certain cases, *e. g.*, fibroid disease of the heart, as small doses as $\frac{1}{16}$ gr., repeated every fifteen minutes, were advised.

The President complimented Dr. Finn on his succinct review, and asked for discussion, which was taken part in by Drs. Ross, Goodwin, C. D. Murray, Kirkpatrick, and other members; Dr. Finn, in conclusion, thanking the Branch for the reception and discussion of his paper.

November 22nd.—Dr. Hattie exhibited a case of spasmodic tic of nine years' standing, which showed the condition known as coprolalia, and which had lately improved considerably under iodide treatment.

Dr. Goodwin presented a report from the special committee appointed to draft a letter of appreciation to *Collier's Weekly* and *The Ladies' Home Journal*. The report was adopted, on motion of Dr. Goodwin, seconded by Dr. Mader, a copy of the letter to be forwarded to the above-named journals.

It was moved by Dr. G. M. Campbell, and seconded by Dr. Trenaman, that a copy of the programme of the Branch for 1905-6 be sent to each member. Carried.

Dr. Mader then gave a paper, "Observations on Surgical Technique," based, as he said, upon a recent visit to some of the medical centres of the United States, chiefly New York and Boston. He noted many interesting points in surgical treatment, which he had observed at the various hospitals. Dr. Murphy and others discussed his remarks at some length, after which Dr. Mader replied.

Dr. Doyle read, "Notes on Hypnotics," classing hypnotics in five groups: (1.) Opium and its alkaloids. (2.) The chloral group. (3.) The sulphonal group. (4.) The hyoscyamus group. (5.) Miscellaneous hypnotics. He discussed in detail many of the individual drugs of the above groups, and spoke of the various theories of hypnosis in general.

Drs. Goodwin, Murphy, Mader, and others contributed to the discussion.

December 6.—Dr. D. J. G. Campbell, on behalf of the staff of the Halifax Visiting Dispensary, brought to the notice of the Branch the fact that a case of gonorrhœal ophthalmia in an infant six weeks old had been refused admission to the Victoria General Hospital, by virtue of a by-law excluding patients under six years of age, and asked that the Branch take some action in the matter.

After considerable discussion, it was moved by Dr. Campbell, and seconded by Dr. Doyle, that a committee of eight be appointed to consider the whole question of hospital accommodation, this committee to report on January 3rd. The motion carried: Drs. Stewart, D. A. Campbell, Kirkpatrick, Farrell, Mathers, Doyle, Eagar and D. G. J. Campbell (chairman) to constitute the committee.

Dr. R. Evatt Mathers read a paper entitled, "Acute Otitis Media and its Treatment," which will be published in a later number.

Dr. Kirkpatrick, in discussing the paper, mentioned several points to be borne in mind by the general practitioner in the treatment of acute otitis media, such as local depletion, hot applications, and rest in bed, frequent cleansing with weak bichloride when discharge is present, etc. Dr. Kirkpatrick disapproved of the common custom of plugging the external auditory canal with cotton wool. He recommended instillations, such as boracic acid and alcohol, after the febrile stage is over.

Drs. Farrell, C. D. Murray, King, and others also took part in the discussion, which was closed by Dr. Mathers.

Dr. Goodwin read his paper, "The Flavoring of Medicines," which subject, he said, was of great practical importance. He first took up the substances in common use for flavoring purposes, mentioning the various forms of syrup, the elixirs of the U. S. P., licorice, chloroform, and the different aquæ of the B. P. He then stated his experience of the best methods of disguising certain special drugs, as salicylate of soda, quinine, the bromides and iodides, castor oil, etc.

Nearly all of the members present took part in the discussion of Dr. Goodwin's paper, after which the meeting adjourned.

Personals.

Dr. Robert King, formerly associated with Dr. Mader of this city, has been appointed to the staff of the Nova Scotia Hospital.

Dr. F. E. Lawlor, for some years physician to the Nova Scotia Hospital, has been appointed Assistant Superintendent in place of the late Dr. J. A. MacKenzie.

Dr. D. T. C. Watson was married on the 21st ult. to Miss Emma Morton. The bride is a sister of Dr. Morton, Bedford, and

a graduate nurse of the Victoria General Hospital. The NEWS extends congratulations.

Dr. A. I. Mader read an interesting paper before the N. S. Branch British Medical Association on the 22nd ult., entitled, "Observations on Surgical Technique." His remarks were an epitome on his recent visit to some of the New York and Boston hospitals.

The following appointments have been recently made to the Permanent Army Medical Corps of Canada: Lieut.-Colonel **G. C. Jones**; Major, **G. L. Foster**; Captains, **C. D. Murray**, **T. J. F. Murphy**.

Book Reviews.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. By leading members of the Medical Profession throughout the world. Volume III., Fifteenth Series, 1905. Published by J. B. LIPPINCOTT COMPANY, Philadelphia. Canadian Representative, Charles Roberts, 1524 Ontario St., Montreal. Price \$2.00.

The high standard attained by recent numbers of the CLINICS is manifested in the volume before us. The first article—nearly forty pages—is a most valuable contribution on "The Therapeutic Uses of the Rontgen Rays," by Dr. George C. Johnston, Pittsburg. Herein is contained useful suggestions in carrying out details in treatment and explanations of faulty technique. There are besides fifty three well-executed plates, illustrating the text in this one article. We have been especially interested in Dr. Huchard's contributions on "The Musculo-Tonic and Diuretic Action of Formic Acid and Formiates." How many of us might be benefitted when "a person taking formic acid soon feels more strength, vigor and activity; he moves without trouble; he no longer apprehends effort or work," etc. "The Opotharapic Treatment of Renal Insufficiency," by Professor Teissier, of Lyons, France, gives further light on the effects of renal serumtherapy as studied by the author, Renault and others. We most heartily congratulate the editor and publishers in issuing every quarter so much material of scientific and practical worth.

Practical Massage, in Twenty Lessons. By HARTVIG NISSEN, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools; former Acting Director of Physical Training, Boston Public Schools; former Instructor of Physical Training at Johns Hopkins University and Wellesley College; former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A. B. C. of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 original illustrations. 168 pages, 12mo. Price, Extra Cloth, \$1.00, net. F. A. DAVIS COMPANY, Publishers, 1914-16 Cherry St, Philadelphia.

The above concise work is from the pen of an expert teacher and masseur, whose experience has covered a period of thirty years. We quote from the preface: "My method is a combination of what I have found to be the best and most useful 'manipulations' and 'movements' in other systems, as well as original." Twenty lessons are dealt with in a plain and practical manner, and the illustrations, which number about fifty, are of great value in following the text. We fear this important form of treatment is too much neglected in these provinces. This we cannot emphasize too strongly, particularly as the reviewer has seen in many instances the great benefits derived from this art. We can commend Nissen's work as worthy of study and an excellent guide to massage.

The Physician's Visiting List for 1906. Fifty-fifth year of its publication. For 25 patients weekly, \$1.00; for 50 patients weekly, \$1.25; for 75 patients weekly, \$2.00, etc. Also Perpetual and Monthly additions. Published by P. Blakiston's Son & Co, 1012 Walnut Street, Philadelphia

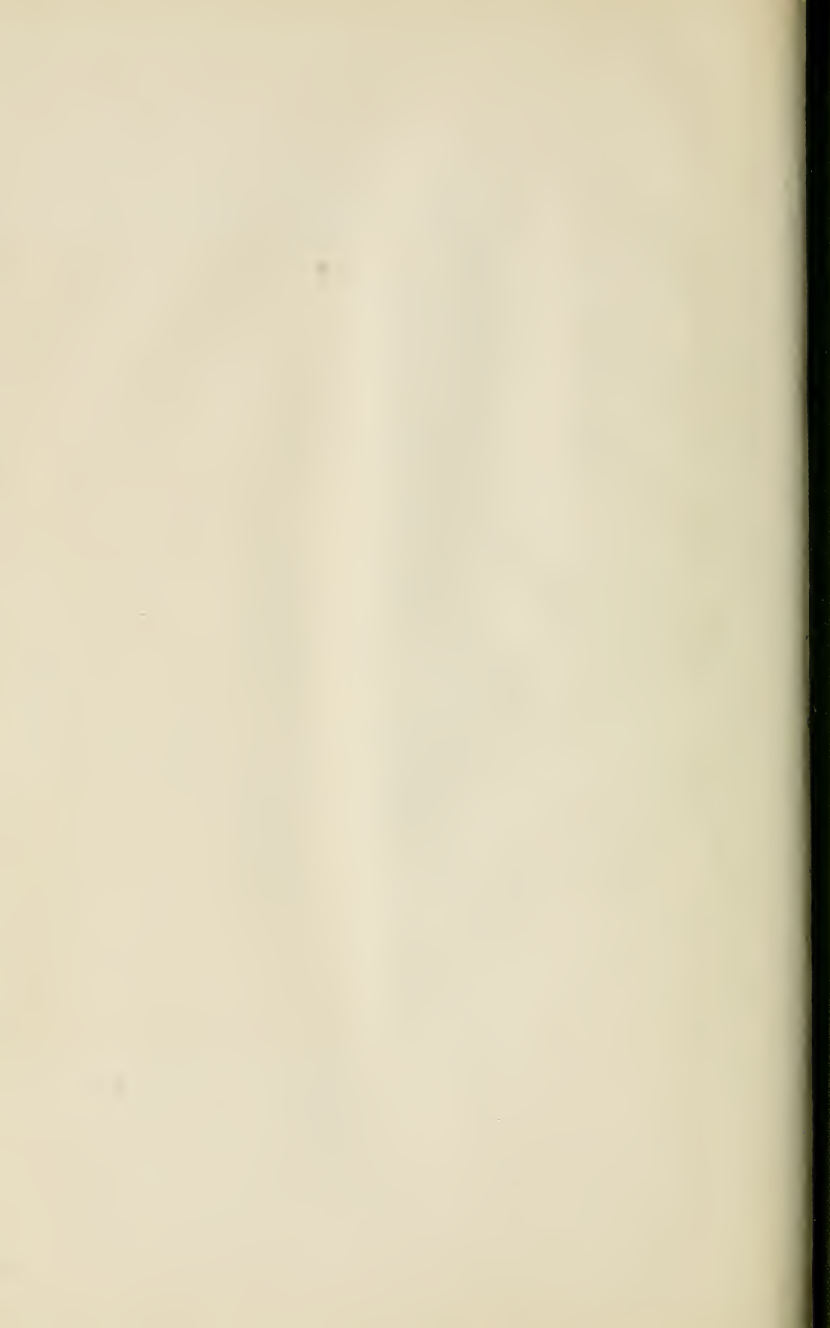
This neat and popular visiting list has for many years been reviewed in our journal, and nothing can be added to our former favorable opinions. No matter what may be the number of patients, the size of the book is increased only in thickness; for example, 50 patients weekly having two pages dated for each week, and 75 patients three pages. It also contains, as formerly, incompatibilities, treatment of poisoning, etc., etc. We again endorse the *New York Medical Record*: "For completeness, compactness, and simplicity of arrangement, it is excelled by none in the market."

Therapeutic Notes.

IDIOSYNCRASY OR SOME OTHER REASON—We meet with many cases in practice suffering intensely from pain, where for an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikamnia its action is all that could be desired. In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia, and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in "Antikamnia & Codeine Tablets." The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of "Antikamnia & Codeine Tablets" take every precaution, in fact, they refine and purify every grain of codeia which enters into their tablets. This not only prevents habit and consequent irritation, which follow the use of impure codeia, but it does away with constipation or any other untoward effect.

SANMETTO IN ENLARGED PROSTATE AND IN LOSS OF TONICITY IN BLADDER AND SEXUAL ORGANS—My experience in using Sanmetto has been very satisfactory. The largest class of cases in which I have been prescribing Sanmetto is found among men who have passed middle life, with symptoms of enlarged prostate and some difficulty in urination, where there is apparently a loss of tonicity of the bladder and the sexual organs. M. BORTS, M. D., Cleveland, Ohio,





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